

**EFFECTIVENESS OF VIDEO TEACHING PROGRAMME ON
EARLY DETECTION OF BREAST CANCER AMONG
WOMEN WITH MENSTRUAL DISORDERS**



**A DISSERTATION SUBMITTED TO THE TAMIL NADU DR.
M.G.R. MEDICAL UNIVERSITY, CHENNAI, IN PARTIAL
FULFILLMENT OF THE REQUIREMENTS FOR THE
DEGREE OF MASTER OF SCIENCE
IN NURSING**

APRIL – 2016

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**BY
301412204**

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**A PRE EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS
OF VIDEO TEACHING PROGRAMME ON EARLY DETECTION
OF BREAST CANCER AMONG WOMEN WITH MENSTRUAL
DISORDERS IN ANNAMMAL HOSPITAL AT
KANYAKUMARI DISTRICT.**

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Chairman and Chief Medical Officer,
Consultant Reproductive Gynaecologist
Annammal Hospital, Kuzhithurai,
K.K District, Tamil Nadu.

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IN NURSING**

APRIL – 2016



Certified that this is the bonafide work of
301412204

*At the Annammal College of Nursing,
Kuzhithurai.*

*Submitted in partial fulfillment of the requirements for
the degree of Master of Science in Nursing from the Tamilnadu
Dr. M.G.R. Medical University, Chennai.*

Examiners

1. _____
2. _____

Prof. Mrs. J.M.Jerlin Priya.,
Principal

APRIL - 2016

DECLARATION

I hereby declare that the present dissertation titled as “**A pre experimental study to assess the effectiveness of video teaching programme on early detection of breast cancer among women with menstrual disorders in Annammal hospital at Kanyakumari district**” is the outcome of the original research work undertaken and carried out by me under the guidance of **Prof. Mrs. J.M Jerlin Priya M.Sc(N), Ph.D, Principal cum professor** in the department of Medical Surgical Nursing, and **Mrs. Starina Flower M.Sc(N), Assistant Professor**, in the department of Medical Surgical Nursing, Annammal College of Nursing, Kuzhithurai. I also declare that the material of this has not found in any way, the basis for the award of any degree or diploma in the university or any other university.

301412204
M.Sc (N) II year

ACKNOWLEDGEMENT

I wish to acknowledge my heartfelt gratitude to the **Lord Almighty** for all the wisdom, knowledge, guidance, strength, protection, shield and support. He has offered me throughout this endeavor and given me courage to overcome the difficulties and thus complete this study successfully.

Giving opportunities make great things. My profound gratitude of thanks to our Chairman cum Medical guide **Dr. Sheeba Jayalal. MBBS, DGO**, for giving an opportunity to conduct the study and for her timely advice and guidance throughout the study.

I express my sincere gratitude to **Dr. Jayalal. MS., FICS., DLS (Germany), MBA., FIAGES.**, Hon. Secretary of Annammal College of Nursing for giving me the precious opportunity to be a part of this esteemed institution.

A director of this task who directs to pass through the way to achieve success. My hearty thanks to **Prof. Mrs. J.M. Jerlin Priya.M.Sc (N). Ph.D**, Principal cum Professor, Annammal College of Nursing, for her invaluable guidance, direction, continuous support, suggestion and concern during the entire course of this dissertation.

My heartfelt thanks to **Mrs. Sujatha. M.Sc (N).**, Vice Principal cum class co-ordinator, for her encouragement and support given during this work.

I would like to express my sincere thanks to **Mrs. Starina Flower. M.Sc (N).**, Assistant Professor, in Medical Surgical Nursing, and all the other faculty of Medical Surgical Nursing department for their guidance and suggestions for the completion of the study.

Whole hearted thanks for their guidance, encouragement and worthwhile corrections which made my dissertation a valuable one. Special thanks to the entire **faculty** of Annammal College of Nursing, Kuzhithurai, for their co-operation and encouragement. I thank all the **Office staff** for their help in taking photocopies of study reviews.

I extend my thanks to **Mr. Anto John Britto M.Sc., M.Ed., M.Phill., P.G., BBM.**, Professor of Bio Statistics, for his valuable opinion, suggestions and guidance in analysis and interpretation of data.

I thank **Mrs. Mary Shajitha.**, Librarian, for helping me in referring the journals and books.

I express my deep sense of gratitude and heartfelt thanks to the **experts** who have validated and edited my study and who devoted their valuable hours in solving my doubts and in providing meticulous attention.

I express my thanks to **Dr. (Mrs) Sheeba Jayalal MBBS., D.G.O.,** Department of Obstetrics and Gynaecology and the **study participants** of Annammal Hospital, Kuzhithurai, for giving permission to conduct the study in their Hospital.

I express my thanks to the **Management and staff** of Annammal Hospital, for giving permission to conduct the study in their Hospital and to the **research participants** for their cooperation and participation, without whom this study would have been impossible.

I shower my gratitude to the **fine fruits of my batch** for their help and support throughout the course of this study.

In this world I can show my gratitude with a word of thanks to everyone. But the word thanks is not enough to show my gratitude to my family members who are the wonders of my life. I ominously pledge my actions, efforts and success **to my parents, Mr. S. Thankappan, Mrs. M. Usha Kumari, my brother Mr. T. Samuel Franklin, my husband Mr. J. Jose Paul, my friends and my relatives** for their blessings, prayers and encouragement.

301412204

M.Sc (N) II year

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ABSTRACT

EFFECTIVENESS OF VIDEO TEACHING PROGRAMME ON EARLY DETECTION OF BREAST CANCER AMONG WOMEN WITH MENSTRUAL DISORDERS

INTRODUCTION

Women are the architects of society and holding up the world. Every year, we celebrate the women's International Day, inspiring the women of today to stride ahead in life.

Breast cancer is a common cause of cancer morbidity and mortality in women. Breast Self-Examination must be practiced every month from early adolescence. Clinical breast examination may also be undertaken every year with a health care provider. It has been demonstrated that Breast Self-Examination is the reliable method for early detection of breast abnormalities when practiced regularly and correctly.

A woman who finds a breast lump or other breast problem will probably suspect cancer, even though 8 of 10 lumps are benign. Despite many misconceptions regarding the etiology of breast cancer, public awareness about this health threat has grown dramatically.

In the past, the subject was avoided, or if information was shared, it was often inaccurate. Now breast cancer is openly discussed, and information about this topic is frequently presented in mass media. With the recent media focus on breast cancer awareness and early detection, the public is becoming more aware of the roles that breast self-examination, clinical examination, and especially routine mammograms have towards early detection of breast cancer.

STATEMENT OF PROBLEM

A pre experimental study to assess the effectiveness of video teaching program on early detection of breast cancer among women with menstrual disorders in Annammal hospital at Kanyakumari district.

OBJECTIVES OF THE STUDY

The objectives of the study are

- To assess the level of knowledge on early detection of breast cancer among women with menstrual disorders.
- To assess the effectiveness of video teaching program by comparing the pre and posttest level of knowledge on early detection of breast cancer among women with menstrual disorders.
- To associate the posttest level of knowledge on early detection of breast cancer with selected demographic and clinical variables of women with menstrual disorders.

HYPOTHESES

H₁ : There will be a significant difference in pre and posttest level of knowledge

on early detection of breast cancer among women with menstrual disorders

after video teaching program.

H₂ : There will be a significant association between posttest level of knowledge

on early detection of breast cancer among women with menstrual disorders

with selected demographic and clinical variables.

RESEARCH METHODOLOGY

A pre experimental design was used to achieve the objectives of the study. The study was conducted in Annammal hospital at Kanyakumari district. Non probability convenient sampling was used to select the samples. The sample size of the present study was 100. The validity was obtained from various experts and reliability was obtained through inter-rater reliability method and found to be highly reliable. Socio Demographic variable proforma, clinical variables proforma and knowledge questionnaire were the tools used by the researcher. The pretest was done by using the knowledge questionnaire. After the pretest, video teaching programme on early detection of breast cancer was done. The post test was conducted by using the same questionnaire.

DATA ANALYSIS

Collected data was analyzed by using the descriptive statistics (mean, standard deviation, frequency and percentage distribution) and inferential statistics (paired t-test, chi-square) and results were calculated.

RESULTS AND SUMMARY

In the pre-test 58 (58%) women had inadequate knowledge, 30 (30%) of them had moderately adequate knowledge and 12 (12%) of them had adequate knowledge. In the post-test, knowledge level increased. 80 (80%) of them had adequate knowledge, 12 (12%) of them had moderately adequate knowledge and 8 (8%) of them had inadequate knowledge. The pre-test mean value was 10.5, post-test mean value was 16.5 and the differences between the pre-test and posttest mean value was 6. This indicates that the level of knowledge had increased after video teaching programme. The paired t test value was 2.264 and the P value was 0.0001 which was highly significant at the level of $p < 0.0001$. It shows that there was a difference between pre-test and post-test level of knowledge regarding early detection of breast cancer.

CONCLUSION

The study findings revealed that, the video teaching programme is effective. The selected participants gained more knowledge about early detection of breast cancer and cooperated well during the study. The study concluded that the teaching programme will help for early detection of breast cancer.

CHAPTER I

INTRODUCTION

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- *Need for the study*
- *Statement of the problem*
- *Objectives of the study*
- *Hypotheses*
- *Operational definitions*
- *Assumptions*
- *Delimitations*
- *Conceptual framework*

CHAPTER II

REVIEW OF LITERATURE

- *Empirical literature related to breast cancer.*
- *Empirical literature related to breast self-examination.*
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- *Empirical literature related to teaching program on breast self-examination.*
- *Summary.*

CHAPTER III

RESEARCH METHODOLOGY

- *Research approach*
- *Research design*
- *Variables*
- *Settings*
- *Population*
- *Sample*
- *Sample size*
- *Sampling technique*
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- *Development of the tool*
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- *Validity*
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- *Pilot study*
- *Data collection procedure*
- *Plan for data analysis*
- *Ethical consideration*
- *Summary*

CHAPTER IV

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CHAPTER VI

SUMMARY

CONCLUSION

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ANNEXURES

ANNEXURE I



Annammal College of Nursing

(Approved by Govt. of Tamilnadu, TN Nurses & Midwives Council,
Indian Nursing Council and Affiliated to The Tamilnadu Dr. MGR Medical University)

Annammal Hospital Campus, KUZHITHURAI - 629 163

K.K. Dist, Tamil Nadu. Ph : 04651 - 260614, Fax : 04651 - 260605

www.annammalnursing college.com Email : annammalcollege2007@yahoo.co.in

Dr. Sheeba Jayalal MBBS, DGO

Date :

Chairperson

From

Prof. Mrs. J.M. Jerlin Priya, M.Sc(N), Ph.D.,
Principal,
Annammal College of Nursing,
Kuzhithurai.

To

Respected Sir,

Sub: Seeking permission to conduct the research study.

Ms. Sineha Elizabeth, II year M.Sc (N) student of Annammal College of Nursing, Kuzhithurai, is approaching you to conduct a research on "A pre experimental study to assess the effectiveness of video teaching program on early detection of breast cancer among women with menstrual disorders in Annammal Hospital, Kuzhithurai at Kanyakumari District". Which she has to complete as a partial fulfillment of university requirement for the award of Master of Science in Nursing Degree.

In this regards I humbly request you to give permission to conduct the study in your hospital.

Thanking you

Yours faithfully,

Principal

Principal
Annammal College of Nursing
Kuzhithurai, K.K. Dist., - 629 163



"What we are is gift of god and What we become is gift to god"

ANNEXURE II



Annammal Hospital, Kuzhithurai, K.K.Dist - 629163
Phone: 04651-260555, 260511 | Cell: +91 9788860031 - '24, Fax: 04651-260605
E-mail: annammalhospital@yahoo.in

26-11-2015

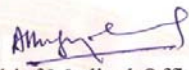
Sineha Elizabeth T., a student of M.Sc(Nursing) program from Annammal College of Nursing, Kuzhithurai conducted a study on

“A pre experimental study to assess the effectiveness of video teaching program on early detection of Breast Cancer among women with menstrual disorders in Annammal Hospital, Kuzhithurai at Kanyakumari District”.

As part of her study she educated the staff regarding infection control measures also she conducted her research in our hospital in an excellent manner with good dedication and in a pleasant way.

We wish all the very best to **Sineha Elizabeth T.** for a very successful and fruitful career.




Chief Medical Officer

Dr. SHEEBA JAYALAL, MBBS.,DGO
REG NO. 80622
CHIEF MEDICAL OFFICER
ANNAMMAL HOSPITAL
KUZHITHURAI

What we are is Gift of God and
What we become is Gift to God

ANNEXURE III

ETHICAL CLEARANCE CERTIFICATE

Valid from :2015

Valid to :2016

Name of the Investigator: Mrs. Sineha elizabeth.T

The Ethical committee meeting held on 07-03-2015 had reviewed the project titled "A pre experimental study to assess the effectiveness of video teaching program on early detection of breast cancer among women with menstrual disorders in Annammal Hospital, Kuzhithurai at Kanyakumari district".The proposal was submitted before the ethical committee for the acceptance and found to be acceptable on ethical grounds. The ethical committee held responsibility and accountability for the investigator for any other administrative approvals that may pertain to this research. This has to be carried out according to conditions outlined in the original protocol submitted for ethical review.

This certificate of approval is valid for the time period provided, there is no change in the methodology protocol or consent process and documents.

Any significant change should be reported to guide for its considerations in advance for its implementation.

Signature of Ethical Committee members:

1. **Dr. Sheeba Jayalal M.B.B.S.,D.G.O.,**
Chief Medical Officer

2. **Dr. Jayalal M.S.,F.I.C.S.,(Germany),M.B.A.,F.I.A.G.E.S**
Chief Surgeon

3. **Dr. Shanthi Appavu M.Sc(N).,PhD**
Nursing Research Advisor

4. **Prof. Mrs. Jerlinpriya M.Sc (N).,PhD**
Research Guide

ANNEXURE IV



Annammal College of Nursing

(Approved by Govt. of Tamilnadu, TN Nurses & Midwives Council,
Indian Nursing Council and Affiliated to The Tamilnadu Dr. MGR Medical University)

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www.annammalnursing college.com Email : annammalcollege2007@yahoo.co.in

Dr. Sheeba Jayal MBBS, DGO
Chairperson

Date :

To

Respected Madam/Sir,

Sub: M.Sc Nursing Programme -Dissertation – Validation of study tool
request -reg.

Miss. Sineha Elizabeth.T, a bonafide II Year M.Sc (N) student of
Annammal College of Nursing, Kuzhithurai is approaching you to obtain
validation of her study tool pertaining to her dissertation in partial fulfilment of the
requirements for the degree of Master of Science in Nursing. The selected topic is

“A pre-experimental study to assess the effectiveness of video teaching
programme on early detection of breast cancer among women with menstrual
disorders in Selected Hospitals at Kanyakumari District.”

In this regards I humbly request you to kindly extent possible technical
guidance and support for successful completion of dissertation.

I enclosed here with a checklist for your evaluation.

Thanking you

Yours faithfully,



[Signature]
Principal
Annammal College of Nursing
Kuzhithurai, K.K. Dist., - 629 163

“What we are is gift of god and What we become is gift to god”

ANNEXURE V

EVALUATION CRITERIA CHECK LIST FOR VALIDATING THE TOOL

INSTRUCTION: The expert is requested to go through the following criteria for evaluation. Three columns are given for responses and a column for remarks. Kindly place tick mark in the appropriate column and give remarks.

INTERPRETATION OF COLUMN

COLUMN I: Meets the criteria

COLUMN II: Partially meets the criteria

COLUMN III: Does not meet the criteria

S.No	CRITERIA	1	2	3	REMARKS
1.	CONTENT <ul style="list-style-type: none">• Adequacy• Relevance• Organized				
2.	LANGUAGE <ul style="list-style-type: none">• Simplicity• Clarity• Relevant				
3.	SCORING <ul style="list-style-type: none">• Easy to score• Clarity				
4.	PRACTICABILITY <ul style="list-style-type: none">• Procedure• Utility• Feasibility				

Name :

Designation:

Signature :

Address :

Signature of the expert

ANNEXURE VI
LIST OF EXPERTS

- 1. Dr. Sheeba Jayalal. MBBS, DGO,**
Chairman and Chief Medical Officer,
Consultant Reproductive Gynaecologist,
Annammal Hospital, Kuzhithurai,
K.K District, Tamil Nadu.
- 2. Mrs. D. Nesalin Suji M.Sc(N)**
Asst.Professor,
Department of Medical Surgical Nursing,
C.S.I College of Nursing,
Marthandam,
Kanyakumari District.
- 3. Mrs. Sheeba M.Sc,(N),**
Reader, Department of Medical Surgical Nursing,
Christian college of Nursing,
Neyyoor,
Kanyakumari District.
- 4. Dr. (Mrs.) S.S Sharmila Jansi Rani, M.Sc(N), Phd.,**
Professor,
Christian college of Nursing,
Neyyoor,
Kanyakumari District.
- 5. Mrs. Ajitha Jothy, S.T M.Sc,(N),**
Asso..Professor,
C.S.I College of Nursing,
Karakonam,
Trivandrum District.
- 6. Mrs .Jeba Nesa Mahiba.S.T M Sc (N)**
Associate Professor,
Christian College of Nursing,

Neyyoor,
Kanyakumari District

7. **Mrs. Sherlin, M.Sc,(N),**
Asst. Professor,
C.S.I College of Nursing,
Karakonam,
Trivandrum District.
8. **Mrs . D. Vini William M Sc (N)**
Asst. Professor,
Department of Medical Surgical Nursing,
Thasiah College of Nursing,
Marthandam,
Kanyakumari District.
9. **Mr. Anto John Britto. M.Sc., M.Ed., M.Phill., P.G., BBM.,**
Bio Statistician,
Scott Christian college Nagercoil,
Kanyakumari District.

ANNEXURE VII

RESEARCH PARTICIPANT CONSENT FORM

Dear participant,

I am Mrs. Sineha Elizabeth.T II year M.Sc., Nursing student of Annammal College of Nursing, Kuzhithurai. As a part of my study on “Effectiveness of video teaching programme on early detection of breast cancer among women with menstrual disorders in Annammal hospital at Kanyakumari District.” The study will helps to improve the knowledge regarding early detection of breast cancer. I hereby seek your consent and co-operation to participate in the study. Please be frank and honest in your responses. The information collected will be kept confidential and anonymity will be maintained.

Signature of the researcher

I..... hereby consent to participate and undergo the study.

Place

Date

Signature of the participant

Muha;r;rp xg;g[jy; gotk;

md;ghh;e;j g';FbgWnthnu/

j. rpndfh vyprbgj; Mfpa ehd; md;dk;khs; brtpypah; fy;Y}hapy;
brtpypah; KJfiy gl;lg;gog;g[,uz;lhk; Mz;L goj;J tUfpnwd; vdJ gog;gpd;
xUgFjpahf/ bgz;fspilna cs;s khh;gf g[w;Wneha; gw;wpajhd tpHpg;g[zh;it
gw;wp Muha;r;rp bra;J gltHpelj;Jjy; \yk;; tpHpg;g[zh;it Vw;gLj;j cs;nsd;.
,jw;F j';fSila mDkjpiaa[k;/ xj;JiHg;iga[k; ju ntz;Lfpnwd;. jat[bra;J c';fSila
gjpy;fs; cz;ikahft[k; btspg;gilahft[k; ,Uf;f ntz;Lfpnwd;. c';fs; gjpy;fs; midj;Jk;
ufrpakhf ghJfhff;fg;gLk; vd cWjp mspf;fpnwd;.

Muha;r;rpahshpd; ifbahg;gk;

ehd; ,e;j Muha;r;rpapy; g';Fbgw rk;kjpf;fpnwd;.

,lk;:

ehs;:


g';FbgWnthhpd; ifbahg;gk]

ANNEXURE VIII
CERTIFICATE OF ENGLISH EDITING

TO WHOMEVER IT MAY CONCERN

This is to certify that the dissertation “A pre experimental study to assess the effectiveness of video teaching programme on early detection of breast cancer among women with menstrual disorders in Annammal hospital at Kanyakumari District.” by Mrs. Sineha Elizabeth.T, 2nd year M Sc(N) student of Annammal College of Nursing was edited for English language appropriateness by




Signature
SHEEBA JACOB
H.S.S. TEACHER (ENGLISH)
GOVT. HIGHER SECONDARY SCHOOL
PAZHAMTHOTTAM, ERNAKULAM

ANNEXURE IX
CERTIFICATE OF TAMIL EDITING

TO WHOMEVER IT MAY CONCERN

This is to certify that the dissertation, “A pre experimental study to assess the effectiveness of video teaching programme on early detection of breast cancer among women with menstrual disorders in Annammal hospital at Kanyakumari District.” by Mrs. Sineha Elizabeth.T, 2nd year M Sc(N) student of Annammal College of Nursing was edited for Tamil language appropriateness by



ANNEXURE X

TOOL I

SOCIO DEMOGRAPHIC VARIABLES

SAMPLE NO:

Instruction: kindly place a tick {√} mark against the option which you feel as appropriate.

1. Age in years

- | | |
|------------------|-------------------------------------|
| a. 13 - 22 years | <input type="checkbox"/> |
| b. 23 - 32 years | <input checked="" type="checkbox"/> |
| c. 33 – 42 years | <input type="checkbox"/> |

2. Educational status

- | | |
|---|--------------------------|
| a. Illiterate | <input type="checkbox"/> |
| b. Primary school certificate | <input type="checkbox"/> |
| c. Middle school certificate | <input type="checkbox"/> |
| d. High school certificate | <input type="checkbox"/> |
| e. Intermediate or post high school diploma | <input type="checkbox"/> |
| f. Graduate or Post graduate | <input type="checkbox"/> |
| g. Professional or honors | <input type="checkbox"/> |
| h. Others | <input type="checkbox"/> |

3. Occupation

- | | |
|-------------------------|--------------------------|
| a. Professional | <input type="checkbox"/> |
| b. Semi professional | <input type="checkbox"/> |
| c. Shop owners | <input type="checkbox"/> |
| d. Skilled workers | <input type="checkbox"/> |
| e. Semi-skilled workers | <input type="checkbox"/> |
| f. Unskilled workers | <input type="checkbox"/> |
| | <input type="checkbox"/> |

g. Unemployed

4. Religion

a. Hindu

☐

b. Christian

☐

c. Muslim

☐

d. Others

☐

5. Place of living

a. Urban

☐

b. Semi Urban

☐

c. Rural

☐

d. Semi-Rural

☐

TOOL II

CLINICAL VARIABLES

Instruction: kindly place a tick {✓} mark against the option which you feel as appropriate.

1. Type of menstrual disorder

a. Dysmenorrhea

☐

b. Oligomenorrhea

☐

c. Amenorrhea

☐

d. Menorrhagia

☐

e. Metrorrhagia

☐

f. a and b

☐

g. a and d

☐

h. a and e

☐

2. Duration of menstrual disorder

a. 0- 2 years

☐

b. 2- 5 years

☐

c. > 5 years

☐

3. Usage of medication

a. Non hormonal therapy

☐

b. Hormonal therapy

☐

c. Alternative therapy

☐

4. Family history of cancer

a. Yes

☐

b. No

☐

4. Previous exposure to knowledge

a. Yes

☐

b. No

☐

5. Co morbid condition

a. Diabetes Mellitus

☐

b. Hypertension

☐

c. Obesity

☐

TOOL – III
ASSESSMENT OF LEVEL OF KNOWLEDGE ON EARLY DETECTION
OF BREAST CANCER

Choose the correct answer and tick it

1. What is the most common cancer that is prevalent among women?
 - a) Breast cancer
 - b) Lung cancer
 - c) Bone cancer
 - d) No idea

2. How the cancer cells are formulated?
 - a) Due to fat deposition
 - b) Due to abnormal cell growth
 - c) Due to weight gain
 - d) No idea

3. What is the exact cause of breast cancer?
 - a) Genetic factor
 - b) Unknown
 - c) Hormonal factor
 - d) No idea

4. Which age group is more prone to get breast cancer?
 - a) Early menarche before 12 years
 - b) Below 20 years
 - c) 20-40 years
 - d) No idea

5. What is the risk factor of breast cancer?
 - a) Genetic factor
 - b) Hormonal factor
 - c) All the above
 - d) No idea

6. What are the warning signs of cancer?
 - a) A lump in the breast
 - b) Moderate body built
 - c) All the above
 - d) No idea

7. Which is the clinical manifestation during early stage of breast cancer?
 - a) Weight loss
 - b) Fever
 - c) Nipple retraction
 - d) No idea

8. Which is the most simplest method used to detect the breast cancer?
 - a) Blood test
 - b) X – ray

- c) Breast self-examination
- d) No idea

9. Which method of investigation is used to examine the interior parts of the breast?

- a) Breast self-examination
- b) Blood test
- c) Ultrasonography
- d) No idea

10. What is the purpose of breast self-examination?

- a) To kill the cancer cell
- b) To detect the breast cancer
- c) To cure the disease
- d) No idea

11. What positions are used for breast self-examination?

- a) Sitting, standing, and lying
- b) Standing and lying
- c) Sitting and standing
- d) No idea

12. The removal of breast tissues for diagnosis is called as _____
- a) X – ray
 - b) Biopsy
 - c) Ultrasonography
 - d) No idea
13. The term which is used to detect the cancer breast through radiographic examination is _____
- a) Mammography
 - b) CT Scan
 - c) MRI Scan
 - d) No idea
14. Breast self examination should be done _____
- a) For right breast
 - b) For left breast
 - c) For both breast
 - d) No idea
15. What is the appropriate method to identify the nodules of breast?
- a) By touching
 - b) By seeing
 - c) By palpation
 - d) No idea
16. How many fingers should be used for palpating the breast?
- a) 4 fingers
 - b) 5 fingers
 - c) 2-3 fingers
 - d) No idea
17. How do you check the size of both breasts?
- a) By seeing
 - b) By measuring
 - c) With the use of mirror
 - d) No idea
18. How often the clinical breast examination is needed for _____
- a) Weekly
 - b) Annually
 - c) Daily
 - d) No idea
19. How often the breast self examination is needed for women?
- a) Monthly
 - b) Weekly
 - c) Daily
 - d) No idea
20. Which is the most common site of occurrence of lump?

- a) Upper part of the breast
- b) Upper and outer quadrant of the breast
- c) Lower part of the breast
- d) No idea

21. How would you feel the lumps during palpation?

- a) Hard and immobile
- b) Soft and immobile
- c) Hard and mobile
- d) No idea

22. In breast self-examination, palpation should begin from the _____

- a) Lower edge
- b) Outer edge
- c) Inner edge
- d) No idea

23. Palpation should be done in a _____ manner

- a) Upward
- b) Downward
- c) Circular
- d) No idea

24. Which is the appropriate time to do breast self examination?

- a) Morning
- b) Any time
- c) Evening
- d) No idea

25. What is the shape of cancer cell?

- a) Irregular shape
- b) Regular in shape
- c) Cone shape
- d) No idea

26. Nipple discharge would be _____

- a) Clear only
- b) Bloody
- c) Clear or bloody
- d) No idea

27. Primary prevention of breast cancer includes _____

- a) Intervention after pathologic changes
- b) Intervention before pathologic changes
- c) Intervention during pathologic changes
- d) No idea

28. Secondary prevention of breast cancer include _____

- a) The use of tests
- b) The use of procedure
- c) a and b
- d) no idea

29. Tertiary prevention of breast cancer include _____

- a) Prevention of illness
- b) Breast self examination
- c) a and b
- d) No idea

30. Breast self examination comes under _____

- a) Primary prevention
- b) Secondary prevention
- c) Tertiary prevention
- d) No idea

gFjp I

Negahspapd; nghJtptuk;

gapw;rpff;F Njh;T nra;j egHPd; vz;zpf;if:

FwpG;G: fPNo nfHLf;fg;gl;Ls;s Nfs;tpfSf;F rhpahd tpilia Njh;e;njLj;J mJw;Fhpa
fl;lJ;jpy; rhp [√] vd FwpapLf

1) taJ tuk;G

1. 13 taJ KJy; 22 taJ tiu cs;Nshh;

☐

2. 23 taJ KJy; 32 taJ tiu cs;Nshh;

☐

3. 33 taJ KJy; 42 taJ tiu cs;Nshh;

☐

2) fy;tpj;jFjp

1. gbg;gwptpy;yhjth;

☐

2. njhlF;fepiyf;fy;tp

☐

3. ,ilepiyf;fy;tp

☐

4. cah; epiyf;fy;tp

☐

5. Nky; epiyf;fy;tp

☐

6. gl;ljhHP my;yJ KJfiygl;ljhHP

☐

7. njhopy;Kiwf;fy;tp

☐

8. gpwfy;tp

☐

3) njhopy; tptuk;

1. gapw;rpngw;w njhopyhsh;

☐

2. ,ilgl;l gapw;rpngw;w njhopyhsh;

☐

3. fil chpikahsh;

☐

4. jpwikahd njhopyhsh;

☐

5. ,ilgl;l jpwikahd njhopyhsh;

☐

6. gapw;rpngwhj njhopyhsh;

☐

7. Ntiyapy;yhjth;

☐

4) kjk;

1. ,e;J

☐

2. fpwp];jth;

☐

3. K];yPk;

☐

4. gpw kjk;

☐

5) thOkplk;

1. efh;g;;Gwk;

☐

2. ,ilgl;l efh;g;;Gwk;

☐

3. fpuhkg;Gwk;

☐

4. ,ilgl;l fpuhkg;Gwk;

☐

gFjp II

kUj;Jt rk;ke;jkhd fhuzpfs;

FwpG;G: fPNo nfhLf;fg;gl;Ls;s Nfs;tpfSf;F rhpahd tpilia Njh;e;njLj;J mJw;Fhpa
fl;l;Jpy; rhp [√] vd FwpapLf

1. cq;fSf;F vt;tifahd khjtPlha; NfhshW cs;sJ?

1. typAld; \$bakhjtPlha;

☐

2. Fiwe;jmsTld; \$bakhjtPlha;

☐

3. khjtPlhapd;ik

☐

4. msTf;fjpfkhd khjtPlha;

☐

5. 1 kw;Wk; 2

☐

6. 1 kw;Wk; 4

☐

7. 1 kw;Wk; 5

☐

2. vt;tsT fhykhf cq;fSf;FkhjtPlha; NfhshW cs;sJ?

1. 0-2 Mz;Lfshf

☐

2. 3 Mz;LKjy; 5 Mz;Lfshf

☐

3. 5 Mz;LfSf;F Nky;

☐

3. ePq;fs; vt;tifahd kUj;Jt Kiwia ifahSfpwPh;fs;?

1. `hh;Nkhd; rhh;e;j kUj;JtKiw

☐

2. `hh;Nkhd; ruhj kUj;JtKiw

☐

3. khw;WkUj;JtKiw

☐

4. vJTk; ,y;iy

☐

4. cq;fs; FLk;gj;jpy; ahUf;fhtJ Gw;WNeha; cs;sjh?

1. Mk;

☐

2. ,y;iy

☐

5. cq;fSf;Fkhh;gf Gw;WNeha; gw;wpa tpopg;Gzh;T VNjDk; cs;sjh?

1. Mk;

☐

2. ,y;iy

☐

6. ,jDld; rhh;e;j gpwNeha;fs;

1. rh;f;fiuNeha;

☐

2. ,uj;jmOj;jNeha;

☐

3. cly; gUkd;

☐

4. vJTk; ,y;iy

☐

gFjp III

Fwpg;G: fPNo nfhLf;fg;gl;Ls;s Nfs;tpfSf;F rhpahd tpilia Njh;e;njLj;J mjw;Fhpa
fl;l;ppy; rhp [√] vd FwpapLf

1. ngz;fis mjpgkhfjhf;ff;\$baGw;WNeHa; vJ?

- 1) khh;gf Gw;WNeHa; ☐
- 2) Eiuapuy; Gw;WNeHa; ☐
- 3) vYk;G Gw;WNeHa; ☐
- 4) njhpahJ ☐

2. Gw;Wf;fl;bfs; vt;thW cUthfpd;wd?

- 1) nfhOg;Gfs; NrUtjpdhy; ☐
- 2) NfL tpistpf;Fk; nry;fs; tsUtjpdhy; ☐
- 3) cly; vil mjpgfhpg;gjpdhy; ☐
- 4) njhpahJ ☐

3. khh;gfGw;WNeHa;f;fhdfhuzk; vJ?

- 1) kugZfhuzpfs; ☐
- 2) njhpahjfhuzq;fs; ☐
- 3) `hh;Nkhd; ☐
- 4) njhpahJ ☐

4. khh;gfGw;WNeHa; tuf;fhuzkhdtajtuk;GvJ?

- 1) 21 taJf;F fPo; cs;sth;fSf;F ☐
- 2) 21 Kjy; 40 taJs;sth;fSf;F ☐
- 3) 40 taJf;F Nky; cs;sth;fSf;F ☐
- 4) njhpahJ ☐

5. khh;gfGw;WNeHa; tu J}z;Lk; fhuzpfs; vit?

1) kugZfhuzq;fs;

☐

2) `hh;Nkhd;

☐

3) Nkw;\$wpa ,uz;Lk;

☐

4) njhpahJ

☐

6. khh;gfGw;WNeHa;f;fhdvr;rhp;f;ifmwpFwpfs; vit?

1) khh;gpy; Njhd;Wk; fl;bfs;

☐

2) msthdcl;gUkd;

☐

3) Nkw;\$wpa ,uz;Lk;

☐

4) njhpahJ

☐

7. khh;gfGw;WNeHapdh; ghjpf;fg;gl;th;fSf;F KjyhtJ Njhd;Wk; mwpFwp vJ?

1) cly; vilFiwjy;

☐

2) fha;r;ry;

☐

3) khh;Gf;fhk;Gntbg;G

☐

4) njhpahJ

☐

8. khh;gfGw;WNeHia kpfTk; vspa Kiwapy; fz;lwptJ vg;gb?

1) ,uj;jg; ghPNrhjid

☐

2) vf;];Nu

☐

3) Ra khh;gfghPNrhjid

☐

4) njhpahJ

☐

9. khh;gfj;jpd; cs; cWg;Gfis fz;lwp a gad;gLj;jg;gLk; ghpNrhjid Kiw vJ?

1) Ra khh;gfghpNrhjid ☐

2) ,uj;jg; ghpNrhjid ☐

3)];Nfd; ☐

4) njhpahJ ☐

10. khh;gf nry;fis vLj;J ghpNrhjid nra;Ak; Kiwf;F vd;W ngah;—

1) vf;];Nu ☐

2) jpRg; ghpNrhjid ☐

3)];Nfd; ☐

4) njhpahJ ☐

11. CLfjph; %ykhf khh;gf Gw;W nry;fis fz;lwpAk; Kiwf;F vd;W ngah;?—

1) NkNkhfpuhgp ☐

2) rp.b];Nfd; ☐

3) vk;.Mh;.l];Nfd; ☐

4) njhpahJ ☐

12. Rakhh;gf ghpNrhjidapd; gad; vd;d?

1) Gw;WNeha; nry;fis mopf;f ☐

2) khh;gfGw;Wf; fl;bfish; fz;lwp a ☐

3) Nehia Fzkhf;f ☐

4) njhpahJ ☐

13.ve;nje;j epiyfspy; Rakhh;gf ghpNrhjid nra;ayhk;?

1) mkh;e;jthW, epd;wthW, kw;Wk; gLj;jthW ☐

2) epd;wthW, kw;Wk; gLj;jthW ☐

3) mkh;e;jthWkw;Wk; epd;wthW ☐

4) njhpahJ ☐

14.Rakhh;gf ghpNrhjid nra;a Ntz;ba khh;gfk; vJ?

1) tyJgf;f khh;gfk; ☐

2) ,lJgf;f khh;gfk; ☐

3) ,uz;L khh;gfq;fspYk; ☐

4) njhpahJ ☐

15.Gw;WNeHa;f; fl;bfisf; fz;lwptjw;fhd vspa Kiw vJ?

1) njhLjy; %yk; ☐

2) ghh;j;jy; %yk; ☐

3) jlTjy; %yk; ☐

4) njhpahJ ☐

16.khh;gfj;ij jlTtjw;F vj;jid tpuy;fis gad;gLj;j Ntz;Lk;?

1) 4 tpuy;fs; ☐

2) 5 tpuy;fs; ☐

3) 3 tpuy;fs; ☐

4) njhpahJ ☐

17. ,uz;Lgf;fkhh;gfq;fspd; msitNtWgLj;jpghh;g;gJvt;thW?

1) ghh;j;jy; %yk; ☐

2) mstply; %yk; ☐

3) fz;zhhKd; epd;Wghh;g;gjpd; %yk; ☐

4) njhpahJ ☐

18.vj;jidehs;fSf;FxUKiwkUj;Jtkidnrd;Wkhh;gfgghpNrhjidnra;aNtz;Lk;?

1) thuj;jpw;FxUKiw ☐

2) Mz;bw;FxUKiw ☐

☐

3) jpdKk;

4) njhpahJ

☐

19. vj;jidehs;fSf;FxUKiwRakhh;gfgHpNrhjidnra;aNtz;Lk;?

1) khjj;jpw;FxUKiw

☐

2) thuj;jpw;FxUKiw

☐

3) jpdKk;

☐

4) njhpahJ

☐

20. fl;bfs; njd;glf;\$bakhH;gfgFjpvJ?

1) Nky;gFjpkhh;gfk;

☐

2) NkypUe;Jkhh;gfj;jpd; ntspg;gFjp

☐

3) fPo;g;gFjpkhh;gfk;

☐

4) njhpahJ

☐

21. khh;gfgHpNrhjidapd; NghJ fl;bfs; vg;gb ,Uf;Fk;?

1) fbdj;jd;ikAld; mirtw;wjhf

☐

2) kpUJthdmirtw;wjhf

☐

3) fbdj;jd;ikAld; miraf;\$bajhf

☐

4) njhpahJ

☐

22. Rakhh;gf ghpNrhjid khh;gfj;jpd; vg;gFjpapypUe;J njhlq;f Ntz;Lk;?

1) khh;gfj;jpd; Nky;g;gFjpapypUe;J

☐

2) khh;gfj;jpd; ntspg;gFjpapypUe;J

☐

3) khh;gfj;jpd; cs;g;gFjpapypUe;J

☐

4) njhpahJ

☐

23. ve;j Kiwapy; Rakhh;gf ghpNrhjid nra;a Ntz;Lk;?

1) Nky; Nehf;fp

☐

2) fPo;Nehf;fp

☐

3) tl;lkhf

☐

4) njhpahJ

☐

24. Rakhh;gf ghpNrhjid nra;tjw;fhd Neuk; vJ?

- 1) khjtplha;Row;rpapd; NghJ ☐
- 2) khjtplha;Row;rp;F Kd;G ☐
- 3) khjtplha;Row;rp Kbe;J 5 ehl;fSf;F gpd;G ☐
- 4) njhpahJ ☐

25. Gw;Wnry;fspd; tbt; vd;d?

- 1) xOq;fw;w tbt; ☐
- 2) xOq;fhdtbt; ☐
- 3) \$k;Gtbt; ☐
- 4) njhpahJ ☐

26. khh;Gf;fhk;gpypUe;JntspNaWk; rPo; vg;gb ,Uf;Fk;?

- 1) njspthf ☐
- 2) ,uj;jk; fye;J ☐
- 3) njspe;j ,uj;jk; fye;J ☐
- 4) njhpahJ ☐

27. khh;gfGw;WNeHa;f;fhdkjy; jLg;GkiwvJ?

- 1) Nehapay; khw;wq;fSf;F gpd;G rpfpr;ir nra;jy; ☐
- 2) Nehapay; khw;wq;fSf;F Kd;G rpfpr;ir ngWjy; ☐
- 3) Nehapay; khw;wq;fs; Vw;gLk;NghJ rpfpr;ir ngWjy; ☐
- 4) njhpahJ ☐

28. khh;gf Gw;WNeHa;f;fhd ,uz;lhtJ jLg;Gkiw vJ?

- 1) kUj;Jt gupNrhjidfs; ☐
- 2) Rakhh;gf ghpNrhjid ☐
- 3) Nkw;\$wpa ,uz;Lk; ☐
- 4) njhpahJ ☐

29. khh;gf Gw;WNeHa;f;fhd %d;whtJ jLg;G Kiw vJ?

1) NehiaFzg;gLj;Jjy; ☐

2) Ra khh;gfgHpNrhjid ☐

3) Nkw;\$wpa ,uz;Lk; ☐

4) njhpahJ ☐

30. Rakhh;gf ghpNrhjid vd;gJ ve;jtifahd jLg;Gkiw?

1) Kjy; jujLg;Gkiw ☐

2) ,uz;lhk; jujLg;Gkiw ☐

3) %d;whk; jujLg;Gkiw ☐

4) njhpahJ ☐

ANSWER KEY ON KNOWLEDGE

QUESTION NUMBER	ANSWER
1	a
2	b
3	b
4	b
5	c
6	a
7	c
8	c
9	c
10	b
11	a
12	b
13	b
14	c
15	c
16	c
17	c
18	b
19	a
20	b
21	a
22	a
23	c
24	c
25	a
26	c
27	b
28	c
29	a

LESSION PLAN ON EARLY DETECTION OF BREAST CANCER

Name of the student	: Mrs. T. Sineha Elizabeth
Name of the institution	: Annammal College of Nursing, Kuzhithurai
Course of the study	: M.Sc Nursing II year
Subject	: Medical Surgical Nursing
Topic	: Early detection of breast cancer
Group	: Women with menstrual disorder
Place	: Annammal Hospital
Method of teaching	: Video Teaching programme

GENERAL OBJECTIVES

At the end of the teaching program the women will get adequate knowledge regarding early detection of breast cancer. This helps them to develop positive attitude.

SPECIFIC OBJECTIVES

The learners will be able to

- ❖ define Breast cancer
- ❖ list the causes of Breast cancer
- ❖ list down the risk factors of breast cancer
- ❖ enlist the caution of breast cancer
- ❖ list down the clinical manifestation of breast cancer
- ❖ list the diagnostic evaluation of breast cancer
- ❖ explain the early detection of breast cancer
- ❖ enumerate the prevention of Breast cancer

Specific Objectives	Time	Content	Teacher's activity	Learner's activity	A.V. Aids	Evaluation
Introduces topic	3 mts	<p>INTRODUCTION</p> <p>Breast cancer is the top cancer in women both in the developed and the developing world. The incidence of breast cancer is increasing in the developing world due to increase life expectancy, increase urbanization and adoption of western lifestyles. Although some risk reduction might be achieved with prevention, these strategies cannot eliminate the majority of breast cancers that develop in low- and middle-income countries where breast cancer is diagnosed in very late stages. Therefore, early detection in order to improve breast cancer outcome and survival remains the cornerstone of breast cancer control.</p>				
define Breast cancer	2 mts	<p>DEFINITION</p> <p>Breast cancer is a malignant tumor that starts in the cells of the breast. A malignant tumor is a group of cancer cells that can grow into (invade) surrounding tissues or spread (metastasize) to distant areas of the body.</p>	E X P L A I N I	O B S E R V I N	P O W E R P O I	
list the causes of Breast cancer	10 sec 3 mts	<p>CAUSES</p> <p>The exact causes of breast cancer is unknown</p>				

<p>list down the risk factors of breast cancer</p>		<p>RISK FACTORS</p> <ul style="list-style-type: none"> • Being a Woman • Age: About two out of three invasive breast cancers are found in women 55 or older. • Family History: Women with close relatives who've been diagnosed with breast cancer have a higher risk of developing the disease. • Genetics: About 5% to 10% of breast cancers are thought to be hereditary, caused by abnormal genes passed from parent to child. • Personal History of Breast Cancer • Radiation to Chest or Face Before Age 30 • Certain Breast Changes • Race/Ethnicity • Being Overweight • Pregnancy History • Menstrual History: Women who started menstruating (having periods) younger than age 12 have a higher risk of breast cancer later in life. The same is true for women who go through menopause when they're older than 55. 	N	G	N	T
<p>50 sec</p>			N	G		

enlist the caution of breast cancer	3 mts	<ul style="list-style-type: none">• Using HRT (Hormone Replacement Therapy)• Drinking Alcohol• Lack of Exercise• Smoking• Low of Vitamin D Levels• Light Exposure at Night• Eating Unhealthy Food• Exposure to Chemicals in Cosmetics• Exposure to Chemicals in Food• Exposure to Chemicals in Plastic• Exposure to Chemicals in Sunscreen• Exposure to Chemicals in Water			
	2 mts	<p>CAUTION</p> <ul style="list-style-type: none">• Unusual bleeding/discharge• A sore which does not heal• Change in bowel or bladder habits• Lump in breast or other part of the body• Nagging cough• Obvious change in moles• Difficulty in swallowing			

list down the clinical manifestation of breast cancer	10 mts	CLINICAL MANIFESTATION			
		(A) Symptoms Phase often no obvious symptoms, or only showed slight breast pain, the nature of mostly dull pain or a pain, a small number of needle-like pain.			
		(B) Signs <ul style="list-style-type: none">• Lump or thickening in or near the breast or underarm that persists through the menstrual cycle (which may be as small as pea size)• A change in the shape, size or contour of the breast like change in the direction of the nipple.• A blood stained or clear fluid discharged from the nipple• A change in the feel or appearance or slight redness of the skin over the affected side.			
list the diagnostic evaluation of		DIAGNOSTIC EVALUATION ➤ ULTRASONOGRAPHY — Ultrasound can be used to			

<p>breast cancer</p> <p>explain the early detection of breast cancer</p>		<p>differentiate between solid and cystic breast masses</p> <ul style="list-style-type: none"> ➤ Breast ultrasound — Ultrasound (US) examination of the breast is an important diagnostic adjunct to mammography ➤ Axillary ultrasound — for women with clinically suspicious lymph nodes, preoperative axillary US with fine needle aspiration or core biopsy of suspicious areas provides a means to identify patients who have positive nodes. This information may be used to guide future additional surgery, radiation, or systemic therapy. • BREAST MRI • BIOPSY • X RAYS to examine the breast for any uncharacteristic masses or lumps. <p>BREAST SELF EXAMINATION</p> <p>MEANING</p> <p>It is the observation and feeling of one's own breast with finger pads.</p>			
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	6 mts	<p>Women should examine their breast in the same manner each month check the entire breast and armpit area and should remember how the breast feel from month to month. The time required to perform the exam varies with the size and feature of a woman's breast but usually takes about 20 minutes. Woman should use the finger pads (not the tips) of the three middle fingers while performing BSE.</p> <p>ADVANTAGES OF BSE</p> <ul style="list-style-type: none"> • It helps in early detection of breast cancer • It helps us to feel more comfortable with our body <p>DISADVANTAGES OF BSE</p> <ul style="list-style-type: none"> • It takes 20 minutes every month (excuse like I don't have time) • Lack of confidence (like don't know what to feel for) • Fear of discovering a lump • May sometimes gives wrong detection <p>GUIDELINES</p>			V I D E O	
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			<ul style="list-style-type: none"> • Women should start practicing BSE by 20 years of age • The best time to do BSE is the last day of menses (when the breast are least tender and swollen due to hormonal changes) • In post menopause women, those who have had hysterectomy should do BSR on the same day • In pregnant women BSE on the first day of every month • In lactating mother, every month after feeding when the feeding (when the breast are empty) • In older women, on the monthly basis preferably on the first day of every month <p>Step 1: Begin by looking at your breasts in the mirror with your shoulders straight and your arms on your hips.</p> <p>Here's what you should look for:</p> <ul style="list-style-type: none"> • Breasts that are their usual size, shape, and color • Breasts that are evenly shaped without visible distortion or swelling <p>If you see any of the following changes, bring them to your doctor's attention:</p>			
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		<ul style="list-style-type: none">• Dimpling, puckering, or bulging of the skin• A nipple that has changed position or an inverted nipple (pushed inward instead of sticking out)• Redness, soreness, rash, or swelling <p>Step 2: Now, raise your arms and look for the same changes.</p> <p>Step 3: While you're at the mirror, look for any signs of fluid coming out of one or both nipples (this could be a watery, milky, or yellow fluid or blood).</p> <p>Step 4: Next, feel your breasts while lying down, using your right hand to feel your left breast and then your left hand to feel your right breast. Use a firm, smooth touch with the first few finger pads of your hand, keeping the fingers flat and together. Use a circular motion, about the size of a quarter.</p> <p>Cover the entire breast from top to bottom, side to side — from your collarbone to the top of your abdomen, and from your armpit to your cleavage.</p> <p>Follow a pattern to be sure that you cover the whole breast. You can begin at the nipple, moving in larger and larger circles until you reach the outer edge of the breast. You can also move your</p>			
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<p>enumerate the prevention of Breast cancer</p>		<p>fingers up and down vertically, in rows, as if you were mowing a lawn. This up-and-down approach seems to work best for most women. Be sure to feel all the tissue from the front to the back of your breasts: for the skin and tissue just beneath, use light pressure; use medium pressure for tissue in the middle of your breasts; use firm pressure for the deep tissue in the back. When you've reached the deep tissue, you should be able to feel down to your ribcage.</p> <p>Step 5: Finally, feel your breasts while you are standing or sitting. Many women find that the easiest way to feel their breasts is when their skin is wet and slippery, so they like to do this step in the shower. Cover your entire breast, using the same hand movements described in step 4.</p> <p>Prevention</p> <p>Life-style</p> <p>Women may reduce their risk of breast cancer by maintaining a healthy weight, drinking less alcohol, being physically active and breastfeeding their children. These modifications might prevent 38% of breast cancers.</p>				
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			<p>Pre-emptive surgery</p> <p>Removal of both breasts before any cancer has been diagnosed or any suspicious lump or other lesion has appeared (a procedure known as prophylactic bilateral <u>mastectomy</u>)</p> <p>Medications</p> <p>The selective <u>estrogen receptor modulators</u> (such as tamoxifen) reduce the risk of breast cancer but increase the risk of <u>thromboembolism</u> and <u>endometrial cancer</u>.</p> <p>Screening</p> <p>A number of screening tests have been employed including: clinical and self <u>breast exams</u>, <u>mammography</u>, genetic screening, ultrasound, and magnetic resonance imaging.</p> <p>A clinical or self <u>breast exam</u> involves feeling the breast for <u>lumps</u> or other abnormalities</p> <p>CONCLUSION</p> <p>Breast cancer screening has become a controversial subject</p>	

		over the last few years. Experts, professional bodies, and patient groups cannot currently agree on when mammography screening should start and how often it should occur. Some say routine screening should start when the woman is 40 years old, others insist on 50 as the best age, and a few believe that only high-risk groups should have routine screening.				
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ANNEXURE XIII
MASTER CODE SHEET

Sl . No	Age	Educationa l status	Occupation	Religion	Place of living
1	a	b	f	b	a
2	c	g	b	b	a
3	b	f	f	b	c
4	b	f	c	b	a
5	c	g	f	b	a
6	b	f	g	b	c
7	b	f	b	b	a
8	b	g	g	b	c
9	c	b	g	b	c
10	a	g	g	b	a
11	c	f	b	b	c
12	b	d	g	b	c
13	b	f	g	a	c
14	b	d	c	c	a
15	b	b	g	b	c
16	b	f	c	a	a
17	b	d	g	b	c
18	a	d	c	a	a
19	b	f	g	b	a
20	b	b	g	b	c
21	b	d	c	a	c
22	a	d	g	b	a
23	b	f	d	c	c
24	b	b	d	b	a
25	a	d	g	b	a
26	b	c	d	b	c
27	b	c	c	b	a
28	b	c	g	c	c
29	b	c	g	b	c
30	a	e	d	b	a
31	b	b	g	c	a
32	b	c	a	b	c
33	c	d	b	a	a

CHAPTER I

INTRODUCTION

“Prevention is better than cure”

-Richardson

The most admired creations of God are women. Not just the symbol of beauty, but they are the mentors of the young ones, helping hands and pillars of beauty. Breasts are the most important feature of female anatomy and integral part of the female reproductive system. They are the symbols of fertility and womanhood. They serve very significant roles especially functions of lactation. The breast presents a plethora of benign pathological conditions.

Women are the architects of society and holding up the world. Every year, we celebrate the women's International Day, inspiring the women of today to stride ahead in life. Breast cancer is a common cause of cancer morbidity and mortality in women. Breast Self-Examination must be practiced every month from early adolescence. Clinical breast examination may also be undertaken every year with a health care provider. It has been demonstrated that Breast Self-Examination is the reliable method for early detection of breast abnormalities when practiced regularly and correctly.

A woman who finds a breast lump or other breast problem will probably suspect cancer, even though 8 of 10 lumps are benign. Despite many misconceptions regarding the etiology of breast cancer, public awareness about this health threat has grown dramatically.

In the past, the subject was avoided, or if information was shared, it was often inaccurate. Now breast cancer is openly discussed, and information about this topic is frequently presented in mass media. With the recent media focus on breast cancer awareness and early detection, the public is becoming more aware of the roles that breast self-examination, clinical examination, and especially routine mammograms have towards early detection of breast cancer.

BACKGROUND OF THE STUDY

Breast cancer is a major global problem. Over the past several decades, the incidence of breast cancer has raised worldwide, increasing in developing and developed countries due to increase in life expectancy, increase in urbanization and adoption of western life styles.

Although some risk reduction might be achieved with prevention, these strategies cannot eliminate majority of breast cancers that develop in low and middle income countries where breast cancer is diagnosed in very late stages. Therefore early detection in order to improve breast cancer outcome and survival remains the corner stone of breast cancer control. Many low and middle income countries that face the burden of breast cancer need to implement combined cost effective and affordable interventions to truckle these highly preventable diseases.

It is estimated that worldwide over 508000 women died of breast cancer in 2011 (Global Health estimates, WHO 2013). Although breast cancer is thought to be a disease of the developed world, almost 50% of breast cancer cases and 58% of deaths occur in less developed countries. Breast cancer is an increasing health problem in India. Screening for early detection should lead to a reduction in mortality of the disease. It is known that motivation by nurses influences uptake of screening methods by women. This study aimed to investigate knowledge of breast cancer on early detection methods among women with menstrual disorders.

A systematic review of screening with mammography showed that for every 2000 women invited for screening throughout 10 years (Gotzsche 2006). In addition, 10 healthy women, who would not have been diagnosed if there had not been screening, will be diagnosed as breast cancer patients and will be treated unnecessarily. It is thus not clear whether screening with mammography does more good than harm.

In the battle of the female cancers, breast cancer has overtaken cervix as the top cancer among women in Chennai. Statistics from the Madras Metropolitan Tumor Registry at the Adyar Cancer Institute's hospital registry indicate that a subtle change has taken place that has had breast cancer incidence growing at a much higher rate than cervical cancer.

A comparative study between the incidence of the cervical cancer and breast cancer in 1982-87 and 2009-2010 makes this clear. In 1982-87, the incidence of Cervical Cancer in the Registry was 44.3 per 1, 00,000 population. Comparatively, the breast cancer incidence was 19.1. In 2009 – 2010, the cervical cancer incidence had dropped to 19.3, while that of breast cancer rose to 35.8 per 1, 00,000.

Probably the most important encouragement to breast cancer detection has been the discovery that screening mammography reduces breast cancer deaths by 30%. The Breast and Cervical Cancer Mortality Act of 1990 was enacted to ensure that underinsured or uninsured women receive mammograms and appropriate treatment services.

In 2000 the Breast and Cervical Cancer Treatment and Prevention Act (BCCTP) was passed to provide treatment to women diagnosed with breast and cervical cancer. Women need to understand the importance of mammography in detecting breast cancers while tumors are small. Likewise, they should understand that the treatment is less toxic and more effective for all modalities used when the disease is detected early, even before the tumor is palpable.

Incidence rates vary greatly worldwide from 19.3 per 100,000 women in Eastern Africa to 89.7 per 100,000 women in Western Europe. In most of the developing regions the incidence rates are below 40 per 100, 000 (GLOBOCAN 2008). The lowest incidence rates are found in most African countries but here breast cancer incidence rates are also increasing.

NEED FOR THE STUDY

Population based cancer screening is a complex public health task and is usually cost effective when done in the context of high standard programs in geographical areas.

Madana H. et al., (2002) assessed the Breast cancer risk factors and screening awareness among women nurses and teachers in Amman, Jordan. This study used data from 163 nurses and 178 teachers surveyed in Amman to determine 2 dimension of breast cancer. The awareness score for nurses was 88.3%, compared with 73.1% for teachers ($p < .0001$). Study concluded that screening education program is very important for prevention of Breast cancer.

Leslie N et al., (2002) conducted a study to determine how and what women learn about breast cancer and screening practices and which factor influences women's breast cancer screening practices. 185 women were participated. Study revealed that women still have knowledge deficits about breast cancer, breast cancer detection, and personal risk factors. Practitioners must continue to remind and update women about breast disease, and women's cancer screening practices must be reinforced.

George S.A., (2000) says that the breast cancer has been increasing at an alarming rate and is considered to be of epidemic proportions. With current estimates indicating that 1 in 8 women will develop breast cancer during their lifetimes due to advances in technology to improve early diagnosis and an increased emphasis on education to promote awareness of early detection. A significant number of those losses could be prevented through risk reduction measures, and early detection by doing Breast Self-Examination.

Nurses have a responsibility to teach the public about breast lesions and cancer, to correct misconceptions, and to provide accurate information concerning normal breasts and breast disease detection and treatment. Facts about the disease, treatment, and prognosis need to be shared openly with all members of society. If woman understand the importance of early detection and treatment, they are more likely to have regular mammograms and less likely to delay in seeking medical care.

So far the only breast cancer screening method that has proved to be effective is mammography screening. Mammography screening is very costly and is cost effective and feasible in countries with good health infrastructure that can afford a long term organized population based screening programs. Low cost screening approaches such as clinical breast examination could be implemented in limited resource settings.

Discussion with the experts also helped the investigator to realize that it is the needed. Therefore the investigator strongly believes that, this study is a felt need of time and will be useful for patient. Considering all the above mentioned facts the researcher found it as very essential to conduct this study. Hence the particular topic was selected for research.

STATEMENT OF THE PROBLEM

A pre experimental study to assess the effectiveness of video teaching programme on early detection of breast cancer among women with menstrual disorders in Annammal hospital at Kanyakumari District.

OBJECTIVES

The objectives of the study are

- To assess the level of knowledge on early detection of breast cancer among women with menstrual disorders.
- To assess the effectiveness of video teaching program by comparing the pre and posttest level of knowledge on early detection of breast cancer among women with menstrual disorders.
- To associate the posttest level of knowledge on early detection of breast cancer with selected demographic and clinical variables of women with menstrual disorders.

HYPOTHESES

H₁ : There will be a significant difference in pre and posttest level of knowledge on early detection of breast cancer among women with menstrual disorders after video teaching program.

H₂ : There will be a significant association between posttest level of knowledge on early detection of breast cancer among women with menstrual disorders with selected demographic and clinical variables.

OPERATIONAL DEFINITIONS

Assess

In this study, it refers to the process of monitoring the level of knowledge on early detection of breast cancer among women with menstrual disorders.

Effectiveness

In this study, it refers to the outcome of video teaching programme in terms of improvement in level of knowledge as measured by the structured questionnaires on early detection of breast cancer.

Video teaching programme

In this study, it refers to the planned teaching programme by video that explains the meaning, causes, signs and symptoms, management and prevention of breast cancer for women with menstrual disorders.

Women with menstrual disorders

In this study, it refers to the women who are having menstrual disorders such as menorrhagia, amenorrhea, dysmenorrhea, polymenorrhea, polycystic ovarian diseases, postmenopausal bleeding.

Level of knowledge

In this study, it refers to the range of information acquired through video teaching programme and the score is interpreted as

21-30 = adequate knowledge

11-20 = moderately adequate knowledge

0 -10 = inadequate knowledge

Early detection of breast cancer

In this study, it refers to identifying the breast cancer during the initial stage (A woman who finds a breast lump or other breast problem will probably suspect cancer, even though 8 of 10 lumps are benign)

ASSUMPTIONS

The study assumes that

- video teaching program may be an effective method of teaching in early detection of breast cancer among women with menstrual disorders as the teaching is incorporated with audio and visual effect.
- there may be an increased chance of development of breast cancer among women with menstrual disorders due to the hormonal imbalance.
- early detection helps to prevent breast cancer. The growth of cancer cells can be stopped and may be cured if detected early through minimal therapies.

DELIMITATION

The study was delimited to

- sample size of 100 women with menstrual disorders.
- data collection period of one month.

- samples available during the time of data collection.
- samples who are willing to participate in the study.

PROJECTED OUTCOME

- The study helps to find out the level of knowledge on early detection of breast cancer among women with menstrual disorders.
- The study helps to find out the effectiveness of video teaching program by comparing the pre and posttest level of knowledge on early detection of breast cancer among women with menstrual disorders.
- The study helps to find out the posttest level of knowledge on early detection of breast cancer with selected demographic and clinical variables of women with menstrual disorders.

CONCEPTUAL FRAMEWORK

Theories are linked to the real world through definition that specifies how concepts will be known, experienced, observed and measured. Theories guide decision-making by providing the supporting conceptualization for the study such as significance of the problem, background and problem definition or statement of the problem. Thus theory is an abstract generalization that presents a systematic explanation about the relationships among phenomena.

Conceptual framework is interrelated concepts or abstractions that are assembled together in some rational scheme by virtue of their relevance to common and sometimes referred to as conceptual scheme.

The conceptual framework selected for this study was based on “**Modified General system theory by Ludwig Von Bertalanffy**” (1968). General Systems Theory explains that, a system is a set of interrelated elements. The interrelated elements in the abstract system are the human being and their environment. As a living system and energy field, the individual is capable of taking in energy and information from the environment. Because of this exchange, the individual is an open system, an underlying assumption and building block. All living systems are an open system, which means that they exchange energy, matter and information across these boundaries with the environment. For survival a system must achieve balance internally and externally.

According to General System's theory, "science of wholeness and its purpose is to unite scientific thinking across the discipline and which provides framework for analyzing the whole of any system". The system has a specific purpose or goal and uses a process to achieve that goal. A system activity can be resolved into an aggregation of feedback circuits such as:

- Input
- Throughput
- Output

Input

It refers to any information, energy or material that enters into the system through its boundaries. In this study, input refers to women's age, educational status, occupation, religion, and place of living.

Throughput

Refers to the process whereby the system transforms, create and organizes input. In this study, throughput refers to the video teaching programme related to early detection of breast cancer.

Output

It refers to energy, information or matter that is transferred to the environment. In this study, output refers to the knowledge level of women with menstrual disorders.

Summary

This chapter has dealt with the background of study, need for the study, statement of problem, objectives of the study, hypotheses, operational definitions, assumptions, delimitations and conceptual framework of the study.

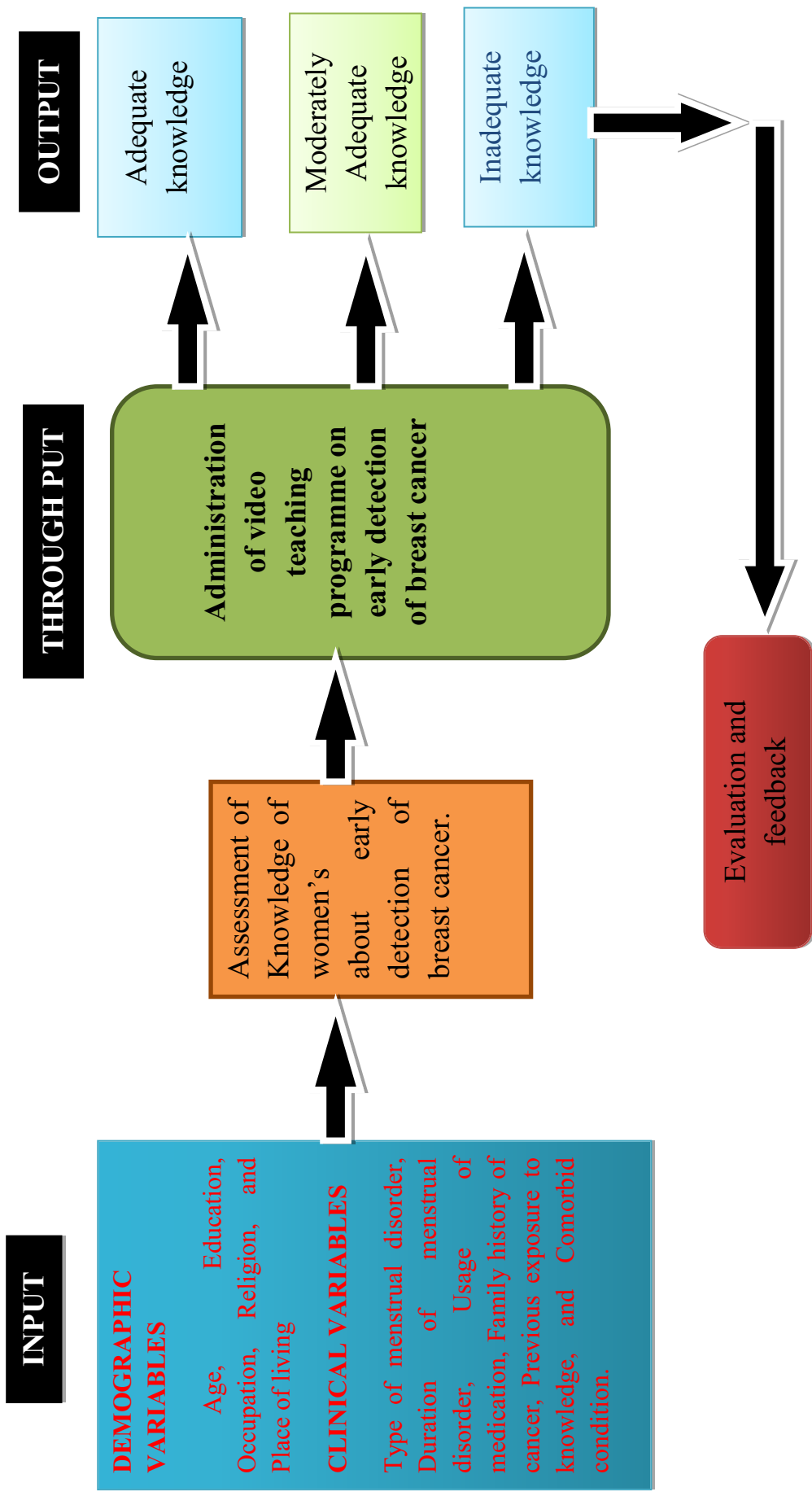


Fig 1: MODIFIED CONCEPTUAL FRAMEWORK BASED ON GENERAL SYSTEM THEORY BY LUDWIG VON BERLANFFY (1968)

CHAPTER-II

REVIEW OF LITERATURE

Review of literature is a key step in research process. It refers to an extensive, exhaustive and systematic examination of publications relevant to the research project. Nursing research may be considered as a continuing process in which knowledge gained from earlier studies is an integral part of research in general.

(Basavanthappa B.T, 1998)

Literature review refers to the activities involved in searching for information on a topic and developing a comprehensive picture of the state as knowledge on that topic.

(Polit and Hungler, 1993)

Therefore the investigator studied and reviewed the related literature to broaden the understandings about the topic to gain insight into the selected problem under study.

The literature has been reviewed under the following headings

- Empirical literature related to Breast Cancer
- Empirical literature related to Breast Self-Examination
- Empirical literature related to knowledge on Breast Self-Examination.
- Empirical literature related to teaching program on Breast Self-Examination.

I. EMPIRICAL LITERATURE RELATED TO BREAST CANCER

Rafeek. P. Lal., (2015) conducted a case control study to identify the risk factors associated with breast cancer at Shirdi SaiBaba Cancer Hospital and Research Centre, Manipal. Total 188 participants were included in the study, 94 cases and 94 controls. All the study participants were between 25 to 69 years of age group. The cases and controls were matched by ± 2 years age range. Non vegetarian diet was one of the important risk factors (OR 2.80, CI 1.15-6.81). More than 7 to 12 years of education (OR 4.84 CI 1.51-15.46) had 4.84 times risk of breast cancer as compared with illiterate women. The study suggests that non vegetarian diet is the important risk factor for Breast Cancer and the risk of Breast Cancer is more in educated women as compared with the illiterate women.

Harvey et al (2012) conducted study on Effect of breast self-examination techniques on the risk of death from breast cancer. The objective of the study was to measure the effect of breast self-examination (BSE) technique and frequency on the risk of death from breast cancer. A Case-control study nested within the Canadian National Breast Screening Study (NBSS). The Canadian NBSS, a multicentre randomized controlled trial of screening for breast cancer in Canadian women. The case subjects were 163 women who had died from breast cancer and 57 women with distant metastases. Ten control subjects matched by 5-year age group, screening centre, year of enrolment and random allocation group were randomly selected for each case subject. Self-reported BSE frequency before enrolment in the NBSS, annual self-reports of BSE frequency during the program and annual objective assessments of BSE technique. The results, obtained with the use of prospectively collected data, suggest that the performance of specific BSE components may reduce the risk of death from breast cancer.

Davis. C et al., (2009) conducted a study on breast screening among African American women. This study was conducted among 91 women. Findings revealed that 36% of participants had never received a mammogram, 43% did not have their breast examined by their doctor once a year, 55% did not perform monthly self-examination, and 23% did not know how to examine their breast. This study recommended the health teaching progress on early detection of Breast cancer among women.

Franek G.A et al., (2008) studied Breast cancer prophylaxis among nurses. The researcher was conducted among 193 nurses. The results showed that 63% nurses know almost everything about the early breast cancer detection, but they have concluded that the nurses do not use their practical knowledge in Breast Self-Examination.

II.EMPIRICAL LITERATURE RELATED TO BREAST SELF-EXAMINATION

Thomas D.B et al., (2013) conducted an experimental study to determine whether an intensive program of Breast Self-Examination instruction would reduce the number of women dying of breast cancer. Study was conducted among 266,064 women. Results revealed that there were 135 (0.10%) in the control group. The cumulative breast cancer mortality rates through 10 to 11 years of follow up were similar (cumulative risk ratio for women in the instruction group relative to that in the control group = 1.04, 95%

confidence interval =0.82 to 1.33; $p = 0.72$). The study concluded that BSE with mammography is important for early detection of breast cancer.

Miller A.B et al., (2011) conducted a study to compare the effective of mammography, Clinical Breast Examination and Breast Self-Examination in early detection of breast cancer among 50,430 Canadian women. They concluded that Breast Self-Examination helps for the early detection of Breast Cancer than other two methods.

Fatmademirkiran., (2009) conducted study to know how the nurses and teachers perform BSE among the women working in Aydin. For this 125 nurses and 164 teachers were selected. They found that the knowledge of nurses about Breast Self-Examination was higher than that of teachers (81.5%; $p<0.001$). They concluded that nurses and teachers should be supported with information enabling them to accomplish their roles in community. To improve Breast Self-Examination practice, it is crucial to co-ordinate continuous and planned education.

III.EMPIRICAL LITERATURE RELATED TO KNOWLEDGE OF BREAST SELF-EXAMINATION

Hagimahmoodi et al., (2014) conducted a cross sectional study to examine the knowledge of breast cancer, attitudes towards Breast Self-Examination and practice of Breast Self-Examination among a sample of female health care Workers Tehran, Iran. For this 410 women selected from 7 health centres. 63% of the respondents claimed that they know how to examine their breast but only 6% performed Breast Self-Examination monthly. The study findings suggest that the knowledge and behaviours of female health workers concerning breast cancer and Breast Self-Examination is relatively poor and it needs to be improved.

Meyerowitz, Beth E., Chaiken, Shelly., (2013) conducted a study to find the effect of message framing on breast self-examination attitudes, intentions, and behavior. In this study tested the framing hypothesis that a pamphlet stressing the negative consequences of not performing breast self-examination (BSE) would be more persuasive than a pamphlet emphasizing BSE's positive consequences. College-aged female subjects were exposed to a loss-frame pamphlet, a gain-frame pamphlet, or a no-arguments pamphlet, or they received no pamphlet describing the importance of and the techniques for performing BSE. Attitudes toward BSE and intentions to perform BSE were assessed

immediately after this intervention and again 4 months later. The follow-up also assessed subjects' post experimental BSE behavior. Consistent with predictions, subjects who read a pamphlet with arguments framed in loss language manifested more positive BSE attitudes, intentions, and behaviors than did subjects in the other three conditions. The greater impact of the loss pamphlet could not be attributed to greater fear arousal, better memory for pamphlet content, greater perceived susceptibility to breast cancer, or stronger beliefs in BSE's efficacy on the part of the loss subjects. Only measures of perceived self-efficacy in performing BSE were differentially affected by the framing manipulation, with loss subjects reporting the greatest levels of self-confidence.

Fotedar et al., (2011) conducted a cross-sectional study on Knowledge of risk factors and early detection methods and practices towards breast cancer among nurses in Indira Gandhi Medical College, at Himachal Pradesh. It was conducted using a self-administered questionnaire to assess the knowledge of breast cancer risk factors, early detection methods and practice of screening methods among 457 nurses. The knowledge level was significantly higher among BSC nurses than nurses with Diploma. 54% of participants in this study reportedly practice BSE at least once every year. Less than one-third reported that they had CBE within the past one year. 7% ever had mammogram before this study. This study suggests that the frequent continuing medical education program on breast cancer at institutional level is desirable.

Chong P.N et al., (2010) conducted a study to examine the knowledge and practice of breast cancer screening Breast Self-Examination among the public health nurses. Study was conducted among 447 nurses. They concluded that the majority of nurses had certain misconceptions in the knowledge of breast cancer and breast cancer screening. A highest proportion of nurses in the family health service had higher knowledge scores than other nurses in the public health service.

Marincho L.A et al., (2010) assessed the knowledge, of Breast Self-Examination in health workers. They have selected 663 women randomly and interviewed. 58% of the women interviewed and referred that forgetfulness was the main barrier for not performing Breast Self-Examination. Result show that women had inadequate knowledge

and practice about Breast self-Examination but they had an adequate and favourable attitude about it.

OdusanyaOo et al., (2008) assessed the breast cancer knowledge, attitude and practice among 104 nurses in Lagos, Nigeria. Knowledge about symptoms, methods of diagnosis and Breast-Self Examination was generally very good. 28% did not know how to estimate the risk of cancer and 61% believed that they were not at risk. Nurses possess adequate knowledge about breast cancer but they need more information on cancer risk estimation.

IV. EMPIRICAL LITERATURE RELATED TO TEACHING PROGRAM ON BREAST SELF-EXAMINATION.

Leight, Susan Bragg et al., (2014) conducted a study to measure the effect of a structured training protocol on improving two dimensions of BSE technique (depth of palpation and search time) in each of two search patterns (vertical strip and concentric circle) using biomedical instrumentation. For this study, 41 young women participated in a structured training protocol for BSE instruction. The dependent variable was thoroughness of search, for which there were two measures: depth of palpation (displacement of the sensors) and duration of the examination. An instrumented breast model designed by the investigator provided quantitative measurements of examination behaviors and was used to test outcomes of the instruction. Individual training in BSE with guided practice improved two measures of thoroughness of search: depth of palpation and duration of search time. Biomedical instrumentation represented a novel approach to the collection of quantitative performance data.

Hadi Zare Marzouni (2013) conducted cross-sectional study on Women's Awareness and Attitude Toward Breast Self-Examination in Dezful City, Iran. The purpose of this study was to evaluate awareness and attitude of women toward BSE. This descriptive cross-sectional study included 1020 women over 15 years of age. Simple random clustering was used to enroll accessible women. 70.1% of participants benefited from early diagnosis of Breast Cancer, 83.3% of participants considered BSE necessary and useful for early diagnosis of Breast Cancer, and 51% of them performed BSE. There was a statistically significant correlation between being married and doing BSE ($P = 0.034$) and between women's level of education and awareness to perform BSE ($P =$

0.009). With regard to high prevalence of Breast Cancer in Iran, this study showed a positive attitude of women in Dezful City toward BSE. Health policymakers in Dezful City can establish training programs to increase women's awareness of BSE and to instruct them to perform it properly.

Miller, Douglas., (2010) conducted a study to find the effect of structured training on Breast Self-Examination search behaviors as measured using biomedical instrumentation. To measure the effect of a structured training protocol on improving two dimensions of BSE technique (depth of palpation and search time) in each of two search patterns (vertical strip and concentric circle) using biomedical instrumentation. For this study, 41 young women participated in a structured training protocol for BSE instruction. The dependent variable was thoroughness of search, for which there were two measures: depth of palpation (displacement of the sensors) and duration of the examination. Individual training in BSE with guided practice improved two measures of thoroughness of search: depth of palpation and duration of search time. Biomedical instrumentation represented a novel approach to the collection of quantitative performance data.

Summary

This chapter has dealt with the literature review under various headings. This literature review has provided an understanding about the current study and broadened the investigator's outlook which is necessary for the research study.

CHAPTER III

RESEARCH METHODOLOGY

Research methodology is a way of systematically solving the research problem. It comprises of statement of the problem, objectives of the study, the hypothesis that have been formulated, the variables under study, methods used for the data collection and plan for data analysis, presentation of findings.

This chapter includes research approach, research design, setting of the study, population, sample, sample size, sampling technique, sampling criteria, and selection and development of tools and description of tools. It further deals with validity, reliability, pilot study, data collection procedure, method of analysis and ethical clearance.

RESEARCH APPROACH

A research approach tells the researcher what to collect and how to analyze it. It also suggest possible conclusion to be drawn from the data, in view of the nature of the problem under study and to accomplish the objectives of the study.

Denise F. Polit (2011)

Quantitative research approach was adopted to assess the effectiveness of video teaching programme on early detection of breast cancer among women with menstrual disorders in Annammal hospital at Kanyakumari District.

RESEARCH DESIGN

Research design is the researcher's overall plan for answering the research question.

Polit (2004)

The research design chosen for the study is pre experimental research design.

Pre test	Intervention	Post test
O₁	X	O₂

O₁ = Pretest assessment of level of knowledge on early detection of breast Cancer

X = Video teaching programme on early detection of breast cancer

O₂ = Posttest assessment of level of knowledge on early detection of breast cancer.

VARIABLES

Variables are defined as “an attribute that varies, that is, takes on different values”.

Denise F. Polit (2011)

Variables are the qualities, properties, or characteristics of persons, things or situations that change or vary and are manipulated or measured in research.

Dependent variable

Dependent variable is defined as “the variable hypothesized to depend on or be caused by another variable of interest”.

Denise F. Polit (2011)

In this study, the dependent variable is women with menstrual disorder.

Independent variable

Independent variable is defined as “The variable that is believed to cause or influence the dependent variable”.

Denise F. Polit (2011)

In this study, the independent variable is video teaching programme about early detection of breast cancer.

Extraneous variable

A variable that confronts the relationship between the independent and dependent variable and that needs to be controlled either statically or in the research design.

Denise F. Polit (2011)

In this study, it refers to age, education, occupation, religion.

SETTING

Setting refers to the physical location and condition in which data collection takes place.

Denise F. Polit (2011)

The setting was chosen on the basis of the availability of samples and the cooperation extended by the management. This study was conducted in Annammal hospital at Kuzhithurai. This hospital is highly equipped with all specialties in organized manner. Annammal Hospital is 100 bedded hospitals with daily outpatient of 30 in

obstetrics and gynecology department. There are around 5-10 patients with gynecological problem per day.

POPULATION

A Population is defined as “the entire set of individuals or objects having some common characteristics”.

Denise F. Polit (2011)

In this study, the population consists of women with menstrual disorders in all settings at Kanyakumari District.

Target Population

Target population is the group of population that the researcher aim to study and to whom the study findings will be generalized.

Denise F. Polit (2011)

In this study, the target population comprises of women with menstrual disorder in selected hospitals at Kaniyakumari District.

Accessible Population

The accessible population is the list of population that the researcher finds in study.

Denise F. Polit (2011)

In this study the accessible population comprises of women with menstrual disorders those who are fulfilling the criteria in Annammal hospital at Kanyakumari district.

SAMPLE

Sample is defined as “A subset of a population comprising those selected to participate in the study”.

Denise F. Polit (2011)

In this study, the sample consists of women who are undergoing treatment for menstrual disorders in Annammal hospital at Kanyakumari district.

SAMPLE SIZE

Sample size is defined as, “The number of people who participate in the study”.

Denise F. Polit (2011)

In this study, the sample size comprises of 100 women with menstrual disorders who fulfilled the inclusion criteria.

SAMPLING TECHNIQUE

Sampling technique is defined as “The process of selecting a portion of the population to represent the entire population”.

Denise F. Polit (2011)

The participants of the present study were selected by purposive sampling technique. The researcher selected the participants based on the inclusion criteria.

SAMPLING CRITERIA

Sampling criteria involves selecting cases that meet some predetermined criterion of importance. The criteria for sample selection are mainly depicted under two headings, which include the inclusion criteria and exclusion criteria.

Inclusion Criteria

The study included the women who

- had available at the time of data collection
- had having menstrual disorders

Exclusion Criteria

The study excluded the women who

- are not willing to participate in the study
- are undergoing surgery

SELECTION AND DEVELOPMENT OF TOOL

Tool development is a complex and time consuming process. It consist of defining the construct to be measured, formulating the items, assessing the items for content validity, developing instructions for respondents, pre-testing, estimating the reliability and conducting pilot-study.

Denise F. Polit (2011)

Data collection instruments were developed through an extensive review of literature.

The tool was prepared on the basis of objectives of the study. The following methods were used for the development of the tool by the investigator.

- Review of literature from books, journals, other publication and websites.

- Discussion with subject experts like guides and investigator.
- Review of the standardized tool.

DESCRIPTION OF THE TOOLS

The researcher developed demographic variable proforma, clinical variable proforma and knowledge questionnaire to assess the level of knowledge on early detection of breast cancer in order to find out the effectiveness of video teaching programme on early detection of breast cancer among women with menstrual disorders.

Tool I

Socio Demographic Variable Proforma

This instrument consists of demographic variables such as age, education, occupation, religion and place of living.

Tool II

Clinical Variable Proforma

This instrument consists of clinical variables such as type of menstrual disorder, duration of menstrual disorder, usage of medications, family history of cancers, and previous exposure to knowledge and co morbid conditions.

Tool III

Knowledge Questionnaire on early detection of breast cancer

Knowledge questionnaire on early detection of breast cancer was used to assess the level of knowledge. It has totally 30 items. Each item has 4 options. In that each correct answer carries the score of 1. No marks for wrong answer. Minimum score was 0. Maximum score was 30.

Score interpretation

21-30	Adequate knowledge
11-20	Moderately adequate knowledge
0 -10	Inadequate knowledge

VALIDITY OF THE TOOL

To ensure the content validity, the prepared data collection tool along with the problem statement, objectives, operational definitions, hypotheses, sampling technique and the criteria checklist designed for validation were submitted to 8 experts in the field of 6 medical and surgical nursing personnel, 1 gynaecologist and 1 statistician. The

experts were requested to judge the items for relevance, appropriateness and degree of agreement for the study. All the experts gave their consensus and the tool was finalized.

RELIABILITY OF THE TOOL

Reliability refers to the accuracy and consistency of measuring the tool. The reliability of the tools for knowledge were established by test, re-test method. The first test was done on September for the women with menstrual disorder and retest was done. The reliability of section c of the tool was “ r ”=0.9. This indicates a high reliability for the designed tool.

PILOT STUDY

Pilot study is defined as, “a small- scale version or trial run, done in preparation of a major study.”

Denise F. Polit (2011)

Pilot study was conducted in Annammal Hospital, Kuzhithurai. Initial permission was sought from the institution and formal permission was sought from the study setting for conducting the study. The pilot study was conducted in the month of October for a period of one week. Consent was obtained from the participants. 10 women were selected. The pretest was done by using the structured questionnaire on early detection of breast cancer. After that, the video teaching on early detection of breast cancer was given. The posttest level of knowledge was evaluated by using the same questionnaire. The results gave the evidence that the tools were reliable. Finding of pilot study also revealed that it was feasible and practicable to conduct the study at the selected setting and criteria measures were found to be effective.

DATA COLLECTION PROCEDURE

Data collection is the gathering of information needed to address the research problem. Data was collected from women with menstrual disorder in Annmmal hospital at Kanyakumari district. At first a rapport was established with the patients and the purpose of the study was explained to them. Verbal and written consent was obtained from the patient. The sample of 100 women with menstrual disorders was selected by using non- probability convenient sampling technique. Socio demographic and clinical variables were collected. The pretest was done by using the structured questionnaire on early detection of breast cancer. After that, the video teaching on early detection of breast

cancer was given. The posttest level of knowledge was evaluated using the same questionnaire.

DATA COLLECTION SCHEDULE

S. No	No of Samples	Annammal Hospital, Kuzhithurai	
		Pre test	Post test
1	5	4/12/15	6/12/15
2	6	5/12/15	7/12/15
3	6	7/12/15	9/12/15
4	4	8/12/15	10/12/15
5	6	9/12/15	11/12/15
6	5	10/12/15	11/12/15
7	6	11/12/15	13/12/15
8	5	13/12/15	15/12/15
9	4	14/12/15	16/12/15
10	2	15/12/15	17/12/15
11	5	16/12/15	18/12/15
12	6	17/12/15	19/12/15
13	4	18/12/15	20/12/15
14	5	19/12/15	21/12/15
15	4	21/12/15	23/12/15
16	5	22/12/15	24/12/15
17	4	23/12/15	25/12/15
18	4	24/12/15	26/12/15
19	1	25/12/15	27/12/15
20	2	26/12/15	28/12/15
21	1	27/12/15	29/12/15
22	4	28/12/15	30/12/15

23	3	29/12/15	31/12/15
24	1	30/12/15	01/01/16
25	2	31/12/15	02/01/16

PLAN FOR DATA ANALYSIS

The data analysis is the systematic organization and synthesis of research data and testing of hypotheses by using the obtained data.

Polit& Black, 2007

The data was analyzed according to the objectives and hypotheses of the study. Data was analyzed, tabulated and interpreted by using both descriptive and inferential statistics such as mean, standard deviation, chi square and paired 't' test.

Descriptive statistics

- Frequency and percentage distribution of women with menstrual disorders according to the demographic variables.
- Frequency and percentage distribution of pre and posttest level of knowledge on early detection of breast cancer among women with menstrual disorders.
- Mean and standard deviation for assessment of level of knowledge on early detection of breast cancer.

Inferential statistics

- Paired't' test for comparison of pre and posttest level of knowledge on early detection of breast cancer.
- Chi – square test for finding the association between the posttest levels of knowledge on early detection of breast cancer with the demographic variables.

ETHICAL CONSIDERATION

- Permission was obtained from the ethical committee of Annammal hospital at Kanyakumari district.
- Written consent was obtained from each patient before starting the data collection.
- Assurance was given to each patient regarding the confidentiality of the data collected.

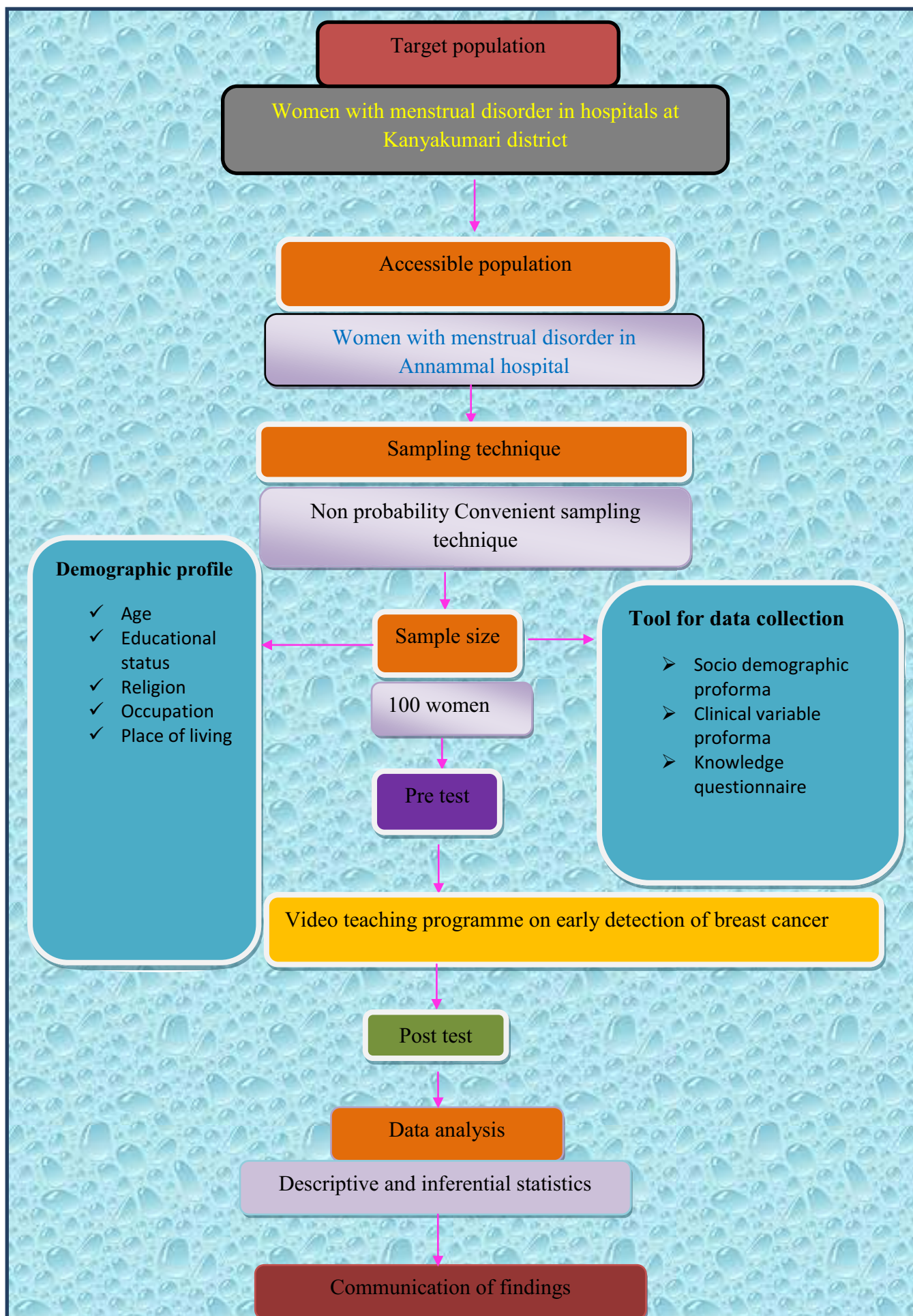


Fig:2 SCHEMATIC REPRESENTATION OF RESEARCH DESIGN

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

Data analysis is defined as the method of organizing data in such a way that the research questions can be answered. Interpretation is the process of the results and of examining the simplification of the findings with in a broader context.

(Polit and Beck, 2004)

Statistics is a field of study concerned with techniques or methods of collection of data, classification, summarizing, interpretation, drawing inferences, testing of hypotheses, making recommendation, etc.

(Mahajan, 2004)

This chapter deals with the analysis and interpretation. Analysis and interpretation of data of this study was done using descriptive and inferential statistics.

OBJECTIVES OF THE STUDY

The objectives of the study are

- To assess the level of knowledge on early detection of breast cancer among women with menstrual disorders.
- To assess the effectiveness of video teaching program by comparing the pre and posttest level of knowledge on early detection of breast cancer among women with menstrual disorders.
- To associate the posttest level of knowledge on early detection of breast cancer with socio demographic variables and clinical variables of women with menstrual disorders.

ORGANIZATION OF THE FINDINGS

The data collected were edited, tabulated, analyzed, interpreted and findings obtained were presented in the form of tables and diagrams represented under the following sections.

- Section I** : Data pertaining to frequency and percentage distribution of socio demographic variables of women with menstrual disorders.
- Section II** : Data pertaining to frequency and percentage distribution of clinical variables of women with menstrual disorders.
- Section III** : Data pertaining to frequency and percentage distribution of pre-test and post-test knowledge score of women with menstrual disorders.
- Section III** : Data pertaining to frequency and percentage distribution of comparison of mean and standard deviation of pre-test and post-test knowledge score.
- Section IV** : Data pertaining to frequency and percentage distribution of association between post-test knowledge score with selected demographic variables.
- Section V** : Data pertaining to frequency and percentage distribution of association between post-test knowledge score with clinical variables.

SECTION I

Table 1: Data pertaining to frequency and percentage distribution of socio demographic variables of women with menstrual disorders.

n=100

S.No	Demographic Variables	f	%
1.	Age in years		
	a) 13 - 22 years	12	12
	b) 23 - 32 years	48	48
	c) 33 – 42 years	40	40
2.	Educational status		
	a) Illiterate	0	0
	b) Primary school certificate	8	8
	c) Middle school certificate	22	22
	d) High school certificate	12	12
	e) Intermediate or post high school diploma	13	13
	f) Graduate or Post graduate	27	27
	g) Professional or honors	18	18
	h) Others	0	0
3.	Occupation		
	a) Professional	6	6
	b) Semi professional	7	7
	c) Shop owners	8	8
	d) Skilled workers	24	24
	e) Semi-skilled workers	15	15
	f) Unskilled workers	22	22
	g) Unemployed	18	18

4.	Religion		
	a) Hindu	44	44
	b) Christian	52	52
	c) Muslim	4	4
	d) Others	0	0
5.	Place of living		
	a) Urban	42	42
	b) Semi Urban	0	0
	c) Rural	58	58
	d) Semi-Rural	0	0

Table 1 represents the frequency and percentage distribution of women with selected socio demographic variables such as Age, Educational status, Occupation, Religion and Place of living.

With regard to age, majority of 48 (48%) women were in the age group of 23-32 years, 40 (40%) were in the age group of 33-42 years and the remaining 12(12%) were in the age group of 13-22 years.

With regard to educational status, majority 27 (27%) women were graduates, 22 (22%) had undergone middle school education, 18 (18%) were professionals, 13 (13%) completed intermediate or post graduate education, 12 (12%) completed high school education and remaining 8 (8%) completed primary school education.

With regard to occupation, 24 (24%) women were skilled workers, 22 (22%) were unskilled workers, 15 (15%) were semiskilled workers, 11 (11%) of them were unemployed, 8 (8%) were shop owners, 7 (7%) were semi-professional and remaining 6 (6%) were professionals.

With regard to religion, the majority 52 (52%) women were Christians, 44 (44%) were Hindus, and remaining 4 (4%) samples were Muslims.

With regard to place of living, 58 (58%) of them were residing in rural area, and remaining 42 (42%) of them were residing in urban area.

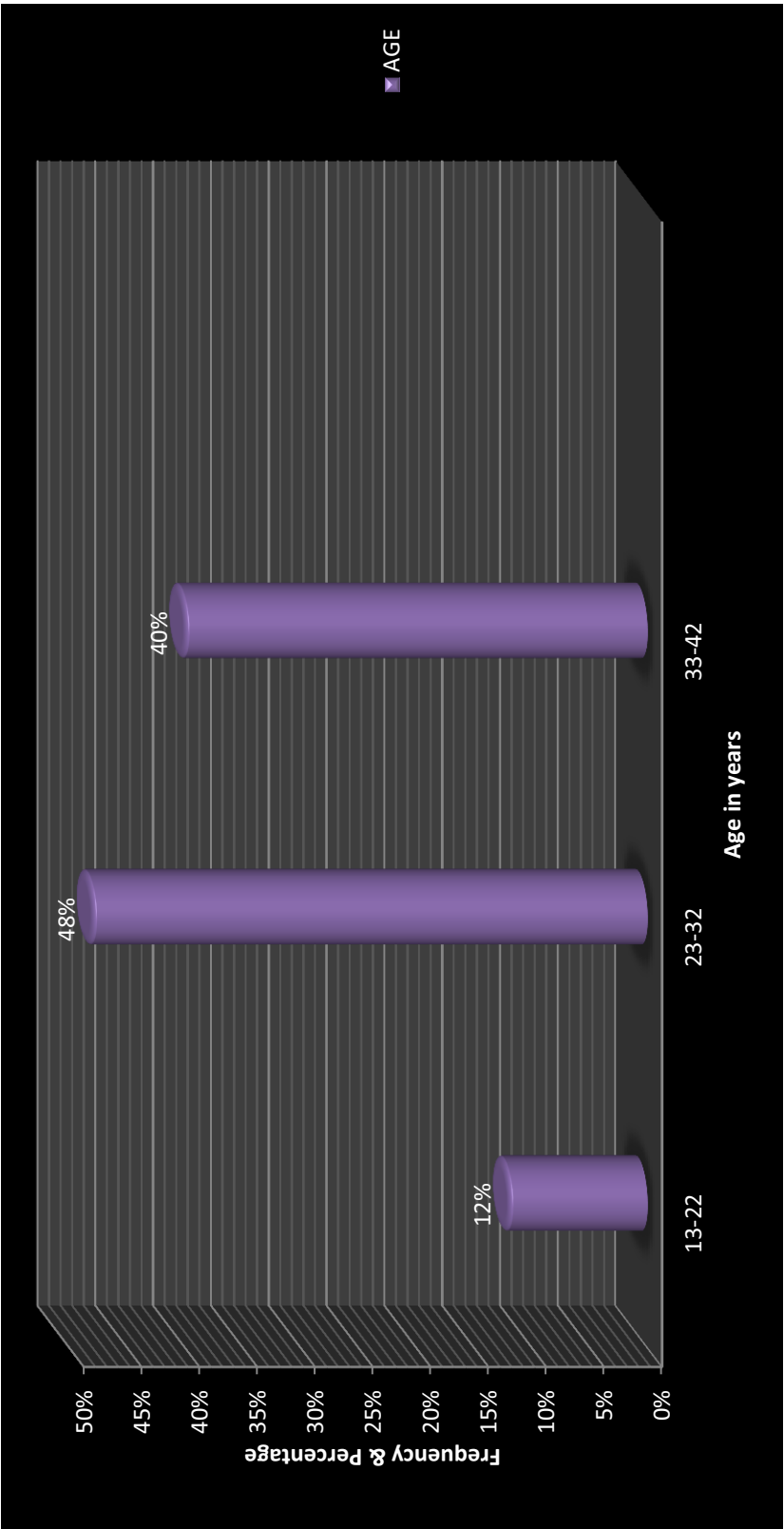


Fig: 3 Frequency and Percentage distribution women with menstrual disorder with regard to Age

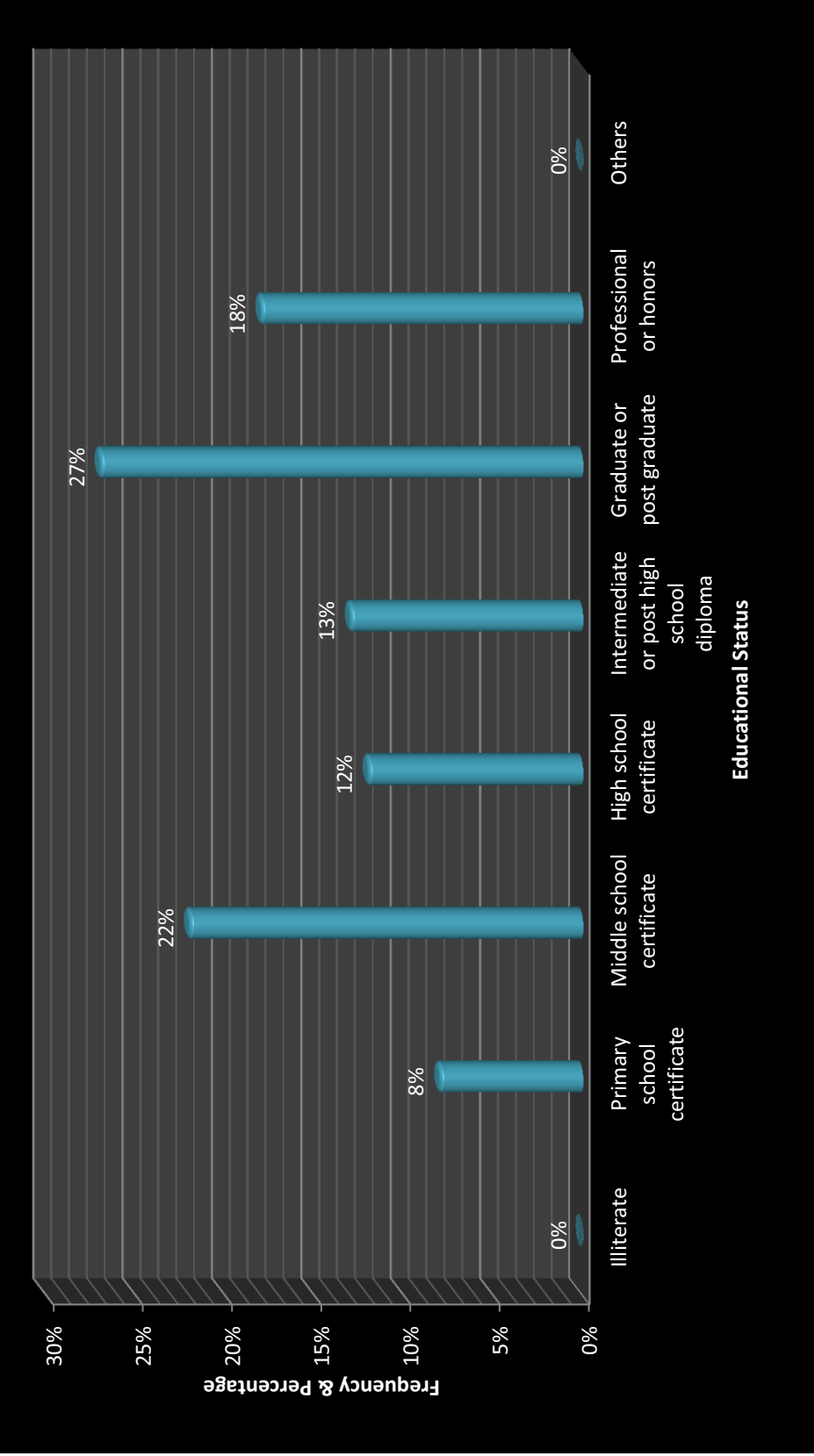


Fig: 4 Frequency and Percentage distribution women with menstrual disorder with regard to educational status

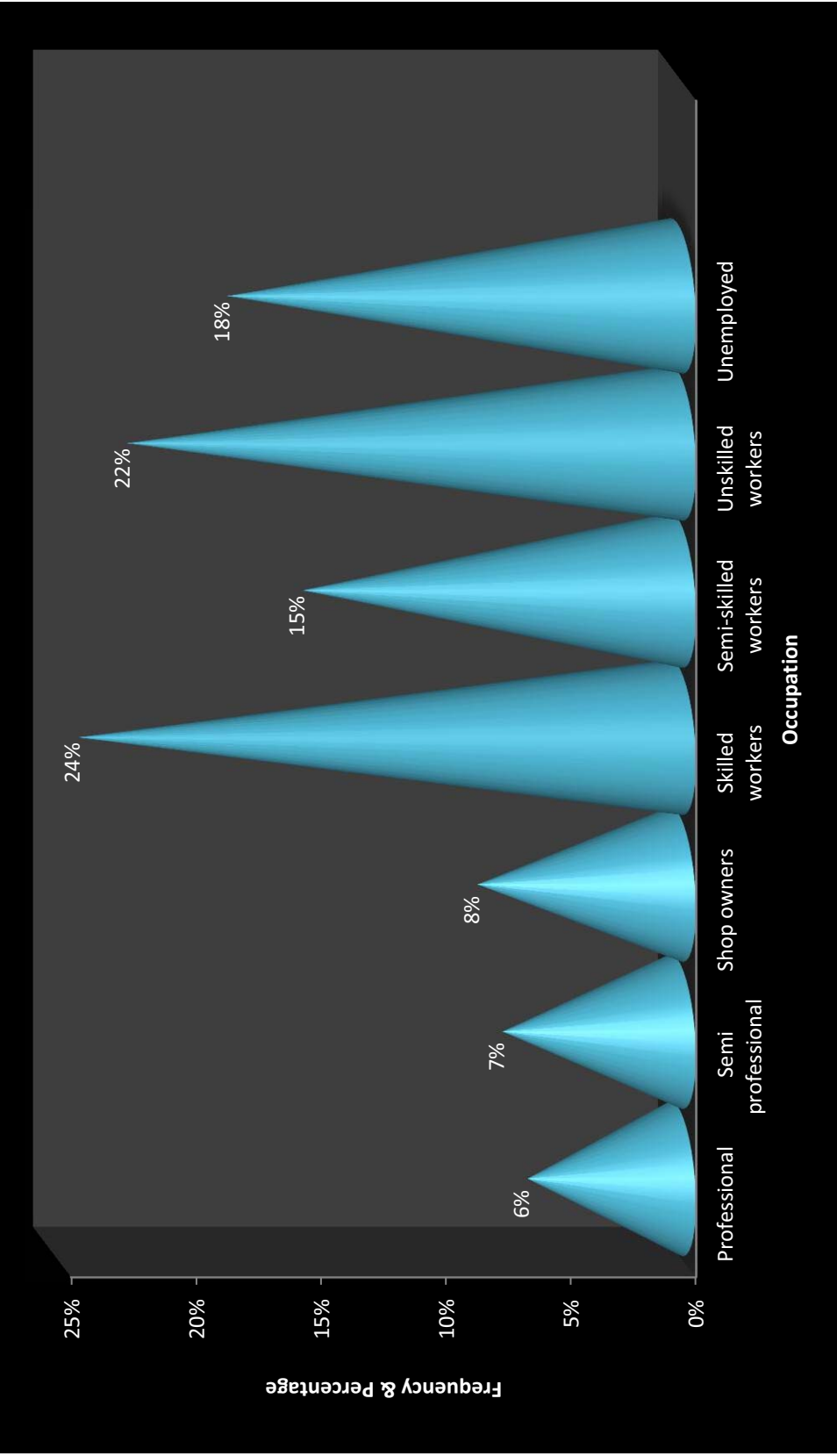


Fig: 5 Frequency and Percentage distribution women with menstrual disorder with regard to occupation

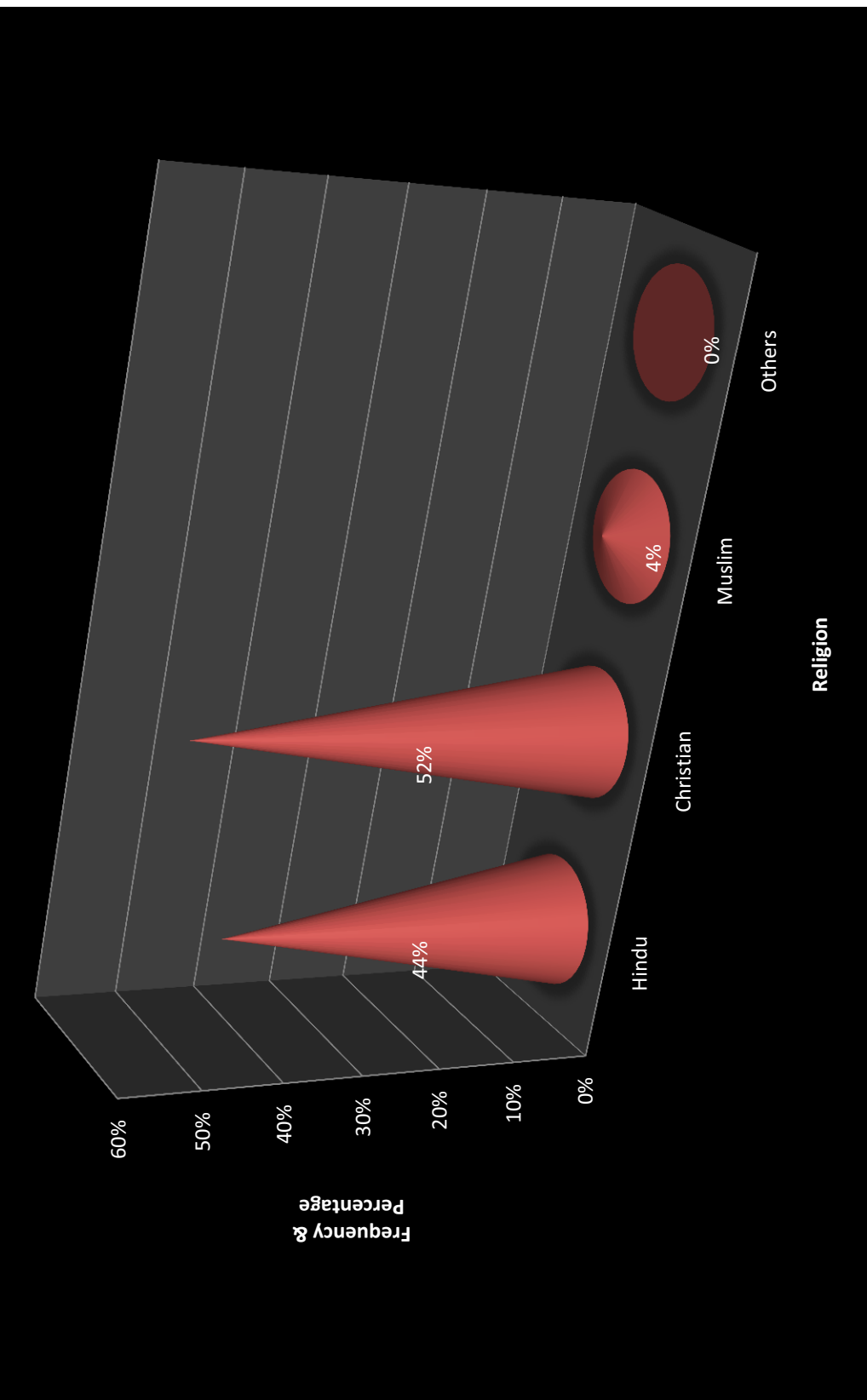


Fig: 6 Frequency and Percentage distribution Of women with menstrual disorder with regard to Religion

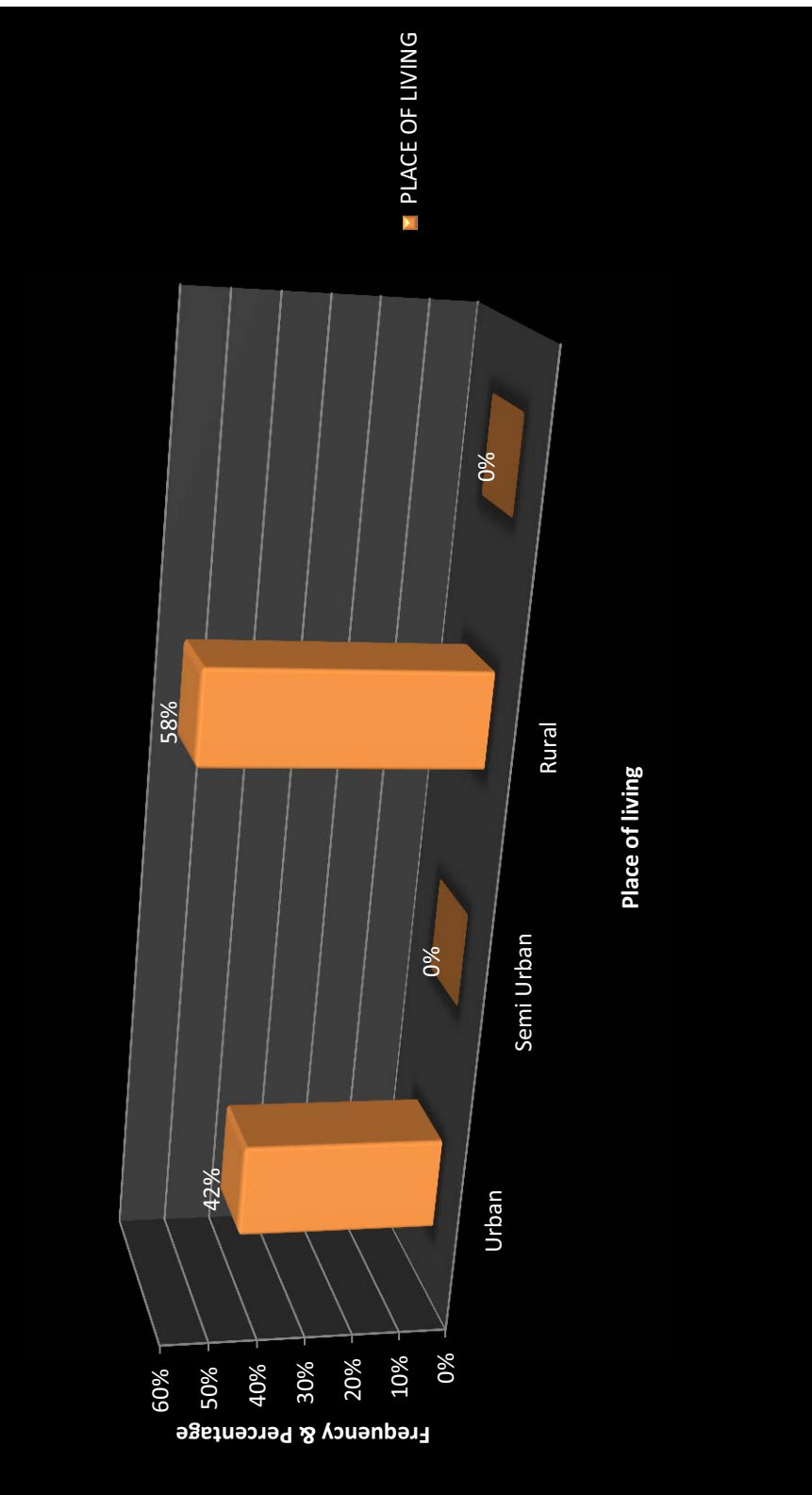


Fig: 7 Frequency and Percentage distribution of women with menstrual disorder with regard to place of living

SECTION II

Table 2: Data pertaining to frequency and percentage distribution of clinical variables of women with menstrual disorders.

n =100

S. No	Clinical variables	f	%
1.	Type of menstrual disorder		
	a) Dysmenorrhea	14	14
	b) Oligomenorrhea	1	1
	c) Amenorrhea	45	45
	d) Menorrhagia	8	8
	e) Metrorrhagia	24	24
	f) a and b	0	0
	g) a and d	8	8
	h) a and e	0	0
2.	Duration of menstrual disorder		
	a) 2 years	72	72
	b) 2- 5 years	11	11
	c) > 5 years	17	17
3.	Usage of medication		
	a) Non hormonal therapy	8	8
	b) Hormonal therapy	89	89
	c) Alternative therapy	3	3
4.	Family history of cancer		
	a) Yes	2	2
	b) No	98	98
5.	Previous exposure to knowledge		
	a) Yes	20	20
	b) No	80	8

6.	Co morbid condition		
	a. Diabetes Mellitus	25	25
	b. Hypertension	52	52
	c. Obesity	23	23

Table 2 represents the frequency and percentage distribution of clinical variables among women with menstrual disorders.

With regard to type of menstrual disorder, majority 45 (45%) of them were having amenorrhea, 24 (24%) of them were having metrorrhagia, 14 (14%) of them were having dysmenorrhea, 8(8%) of them were having menorrhagia, 8(8%) of them were having menorrhagia, 8(8%) of them were having both dysmenorrhea and menorrhagia and remaining 1(1%) of them had oligomenorrhea

With regard to duration of menstrual disorder, majority 72 (72%) of women had menstrual disorders for less than 2 years, 11 (11%) women had the disorders for 2-5 years and remaining 17(17%) women had the disorders for more than 5 years.

With regard to usage of medication, majority 89 (89%) women are under the treatment of hormonal therapy, 18 (18%) women were taking non hormonal therapy and remaining 3(3%) women were under alternative therapy.

With regard to family history of cancer, majority 98 (98%) of them did not have the family history of cancer and 2(2%) of them had the family history of cancer.

With regard to previous exposure of knowledge, majority 80 (80%) of women did not had any previous exposure and 20 (20%) women had exposure about the early detection of breast cancer.

With regard to comorbid condition, majority of 52 (52%) women had hypertension, 25 (25%) had diabetes mellitus and remaining 23 (23%) were obese.

SECTION III

Table 3: Data pertaining to frequency and percentage distribution of pre-test and post-test knowledge score among women with menstrual disorders.

S. No	Level of Knowledge	Pretest Score		Post test Score		X ²	P Value
		f	%	f	%		
1	Adequate	12	12	80	80	95.854	df-2 0.00 * * *
2	Moderately adequate	30	30	12	12		
3	Inadequate	58	58	8	8		

* * * **P<0.001**

Table 3 shows the frequency and percentage distribution of pre and post-test level of knowledge of the women regarding early detection of breast cancer. In the pre-test 58 (58%) women had inadequate knowledge, 30 (30%) of them had moderately adequate knowledge and 12 (12%) of them had adequate knowledge. In the post-test, 80 (80%) of them had adequate knowledge, 12 (12%) of them had moderately adequate knowledge and 8 (8%) of them had inadequate knowledge. The chi square value was 95.854 and the p value was 0.00 which was highly significant at the level of $p < 0.001$. This indicates that there is a significant difference between the pre-test and post-test level of knowledge regarding early detection of breast cancer.

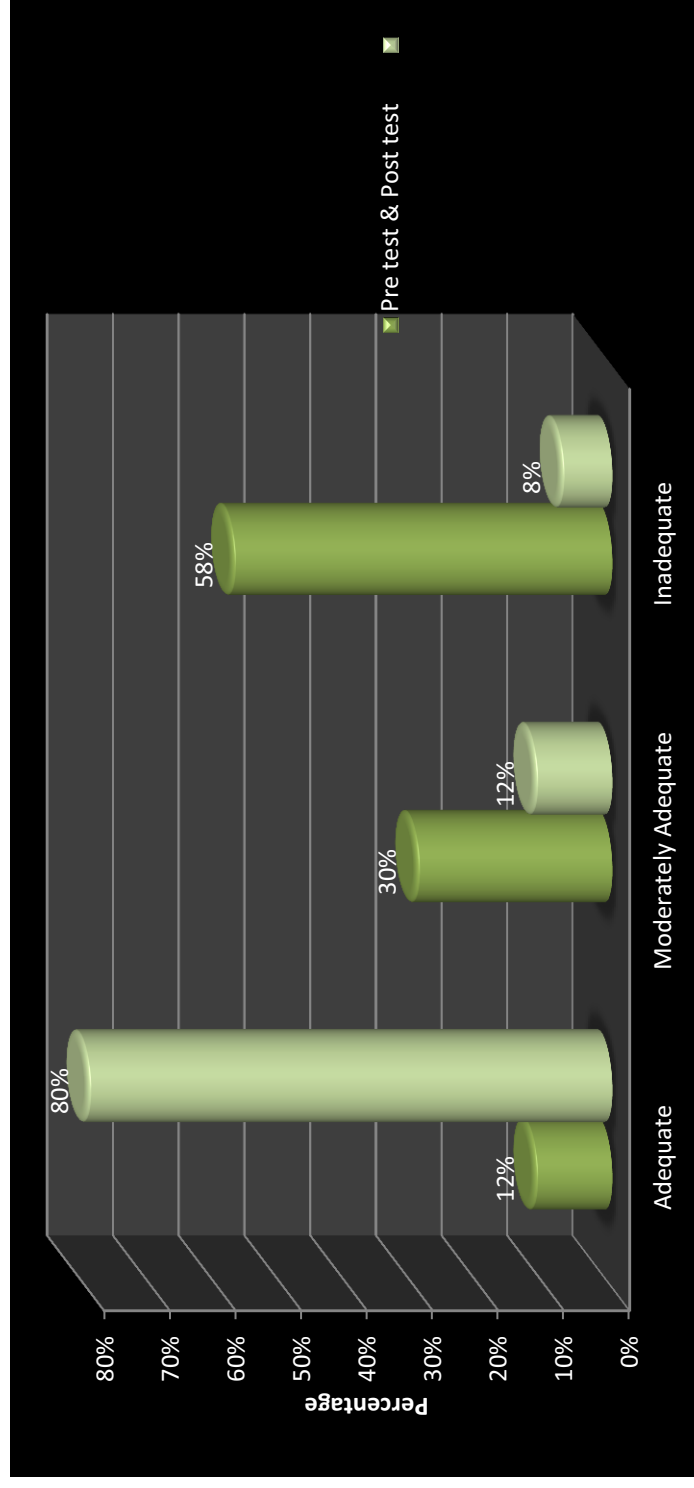


Fig: 8 Frequency and percentage distribution of pre-test and post-test knowledge score among women with menstrual disorders.

SECTION IV

Testing of hypothesis

H₁: There will be a significant difference in pre and post-test level of knowledge on early detection of breast cancer among women with menstrual disorders after video teaching program.

Table 4: Data pertaining to frequency and percentage distribution of comparison of mean and standard deviation of pre-test and post-test knowledge score

n=100

		Mean and SD	Mean difference	Paired 't' test	P value
Level of knowledge	Pre test	10.5 ±3.8	6	2.264	df-29 0.0001 ***
	Post test	16.5 ±4.93			

*****P<0.0001**

Table 4 reveals the differences in pre and post-test level of knowledge on early detection of breast cancer among women with menstrual disorders after video teaching program. The pre-test mean value was 10.5, post-test mean value was 16.5 and the differences between the pre-test and posttest mean value was 6. This indicates that the level of knowledge had increased after video teaching programme. The paired t test value was 2.264 and the P value was 0.0001 which was highly significant at the level of $p<0.0001$. It shows that there was a difference between pre-test and post-test level of knowledge. Hence H₁ was accepted.

SECTION V

Testing of hypothesis

H₂: There will be a significant association between post-test level of knowledge on early detection of breast cancer among women with menstrual disorders with socio demographic and clinical variables.

Table 5: Data pertaining to frequency and percentage distribution of association between post-test knowledge with socio demographic variables.

n=100

S.No	Demographic variable	Level of knowledge			X ²	P value
		Adequate	Moderate	Inadequate		
1	Age in years					
	a) 13 - 22 years	8	2	2	10.39	df-4
	b) 23 - 32 years	35	10	3		0.03
	c) 33 – 42 years	37	0	3		*
2	Educational status					
	a) Illiterate	0	0	0	12.88	df-10 0.23
	b) Primary school certificate	6	1	1		
	c) Middle school certificate	14	6	2		
	d) High school certificate	10	2	0		
	e) Intermediate or post high school diploma	10	1	2		
	f) Graduate or Post graduate	22	2	3		
	g) Professional or honors	18	0	0		
	h) Others	0	0	0		

3	Occupation					
	a) Professional	2	2	2		
	b) Semi professional	5	1	1		
	c) Shop owners	6	1	1	14.83	df-12
	d) Skilled workers	20	3	1		0.25
	e) Semi-skilled workers	12	3	0		
	f) Unskilled workers	18	2	2		
	g) Unemployed	17	0	1		
4	Religion					
	a) Hindu	37	5	2		
	b) Christian	42	6	4	11.68	df-4
	c) Muslim	1	1	2		0.02
	d) Others	0	0	0		*
5	Place of living					
	a) Urban	25	11	6		df-2
	b) Semi Urban	0	0	0	19.52	0.0000
	c) Rural	55	1	2		58
	d) Semi-Rural	0	0	0		***

*P<0.05 ***P<0.001

Table 5 shows that there was a significant association between post-test level of knowledge and socio-demographic variables such as Age (0.03*), Religion (0.02*) and Place of living (0.000058***). There was no significant association between post-test level of knowledge and other socio-demographic variables such as Educational status (0.23) and Occupation (0.25). Hence H₂ was partially accepted.

SECTION VI

Testing of hypothesis

H₂: There will be a significant association between post-test level of knowledge on early detection of breast cancer among women with menstrual disorders with socio demographic and clinical variables.

Table 6: Data pertaining to frequency and percentage distribution of association between post-test knowledge with clinical variables.

n=100

S.No	Clinical variable	Level of knowledge			X ²	P value
1.	Type of menstrual disorder					
	a. Dysmenorrhea	4	8	2	48.46	df-10 0.0005 ***
	b. Oligomenorrhea	0	0	1		
	c. Amenorrhea	38	4	3		
	d. Menorrhagia	8	0	0		
	e. Metrorrhagia	22	0	2		
	f. a and b	0	0	0		
	g. a and d	8	0	0		
	h. a and e	0	0	0		
2.	Duration of menstrual disorder					
	a. 2 years	58	10	4	5.384	df-4 0.25
	b. 5 years	7	2	2		
	c. > 5 years	15	0	2		
3.	Usage of medication					
	a. Non hormonal therapy	5	0	3	12.1	df-4 0.017 *
	b. Hormonal therapy	73	11	5		
	c. Alternative therapy	2	1	0		

4.	Family history of cancer					
	a) Yes	2	0	0	0.51	df-2
	b) No	78	12	8		0.77
5.	Previous exposure to knowledge					df-5
	a) Yes	0	0	0		0
	b) No	80	12	8	246.48	***
6.	Co morbid condition					
	a) Diabetes Mellitus	15	8	15	13.644	df-4
	b) Hypertension	45	2	45		0.009
	c) Obesity	20	2	20		**

***P<0.05**

*****P<0.001**

Table 6 shows that there was a significant association between post-test level of knowledge and clinical variables such as Type of menstrual disorder (0.0005***), Usage of medication (0.017*), Previous exposure to knowledge (0***) and Co-morbid condition (0.009**). There was no significant association between post-test level of knowledge and other clinical variables such as Duration of menstrual disorder (0.25), and Family history of cancer (0.77) Hence the H₂ was partially accepted.

SUMMARY

This chapter dealt with analysis and interpretation of data obtained by the researcher. The analyses of the results have shown that the level of knowledge has improved after video teaching program.

CHAPTER V

DISCUSSION

This chapter deals with the discussion of the data analyzed based on the objective and hypothesis of the study. The problem stated was “A pre experimental study to assess the effectiveness of video teaching programme on early detection of breast cancer among women with menstrual disorders in Annammal hospital at Kanyakumari District”.

The discussion was based on the objectives of the study and the hypotheses mentioned in the study.

OBJECTIVES OF THE STUDY

- To assess the level of knowledge on early detection of breast cancer among women with menstrual disorders.
- To assess the effectiveness of video teaching program by comparing the pre and post test level of knowledge on early detection of breast cancer among women with menstrual disorders.
- To associate the posttest level of knowledge on early detection of breast cancer with selected demographic variables and clinical variables of women with menstrual disorders.

SOCIO DEMOGRAPHIC VARIABLES OF WOMEN WITH MENSTRUAL DISORDERS

It represents the frequency and percentage distribution of women with socio demographic variables such as Age, Educational status, Occupation, Religion and Place of living.

With regard to age, majority of 48 (48%) women were in the age group of 23-32 years, 40 (40%) were in the age group of 33-42 years and the remaining 12(12%) were in the age group of 13-22 years.

With regard to educational Status, majority 27 (27%) women were graduates, 22 (22%) undergone middle school education, 18 (18%) were professionals, 13 (13%) completed intermediate or post graduate education, 12 (12%) completed high school education and remaining 8 (8%) completed primary school education.

With regard to occupation, 24 (24%) women were skilled workers, 22 (22%) were unskilled workers, 15 (15%) were semiskilled workers, 11 (11%) of them were unemployed, 8 (8%) were shop owners, 7 (7%) were semi-professional and remaining 6 (6%) were professionals.

With regard to religion, the majority 52 (52%) women were Christians, 44 (44%) were Hindus, and remaining 4 (4%) samples were Muslims.

With regard to place of living, 58 (58%) of them were residing in rural area, and remaining 42 (42%) of them were residing in urban area.

Objective 1: To assess the level of knowledge on early detection of breast cancer among women with menstrual disorders

The data on frequency and percentage distribution of pre and post-test level of knowledge of the women regarding early detection of breast cancer. In the pre-test 58 (58%) women had inadequate knowledge, 30 (30%) of them had moderately adequate knowledge and 12 (12%) of them had adequate knowledge. In the post-test, knowledge level increased. 80 (80%) of them had adequate knowledge, 12 (12%) of them had moderately adequate knowledge and 8 (8%) of them had inadequate knowledge. The chi square value was 95.854 and the p value was 0.00 which was highly significant at the level of $p < 0.001$. This indicates that there is a significant difference between the pre-test and post-test level of knowledge regarding early detection of breast cancer.

Objective 2: To assess the effectiveness of video teaching program by comparing the pre and post test level of knowledge on early detection of breast cancer among women with menstrual disorders.

The data reveals the differences in pre and post-test level of knowledge on early detection of breast cancer among women with menstrual disorders after video teaching program. The pre-test mean value was 10.5, post-test mean was 16.5 and the differences between the pre-test and posttest mean value was 6. This indicates that the level of knowledge had increased after video teaching programme. The paired t test value was 2.264 and the P value was 0.0001 which was highly significant at the level of

$p < 0.0001$. It shows that there was a difference between pre-test and post-test level of knowledge. Hence H_1 was accepted.

Objective 3: To associate the posttest level of knowledge on early detection of breast cancer among women with socio demographic and clinical variable.

The data pertaining to association between the level of knowledge and the socio demographic variables, this shows that there was a significant association between post-test level of knowledge and socio-demographic variables such as Age (0.03*), Religion (0.02*) and Place of living (0.000058***). There was no significant association between post-test level of knowledge and other socio-demographic variables such as Educational status (0.23) and Occupation (0.25). Hence H_2 was partially accepted.

The data pertaining to association between the level of knowledge and the clinical variables, that there was a significant association between post-test level of knowledge and clinical variables such as Type of menstrual disorder (0.0005***), Usage of medication (0.017*), Previous exposure to knowledge (0***), and Co-morbid condition (0.009**). There was no significant association between post-test level of knowledge and other clinical variables such as Duration of menstrual disorder (0.25), and Family history of cancer (0.77) Hence the H_2 was partially accepted.

The findings of the study are supported by research study conducted by Miller AB, et al (2013), In that he compared the effectiveness of mammography, Clinical Breast Examination and Breast Self-Examination in early detection of breast cancer among 50,430 Canadian women. They concluded that Breast Self-Examination helps for the early detection of Breast Cancer than other two methods. So the study concluded that the teaching programme will help for early detection of breast cancer.

SUMMARY

This chapter dealt with the objectives of the study, major findings of the socio demographic variable of women's description of level of knowledge, among women before and after video teaching programme relation between post test score of level of knowledge.

CHAPTER VI

SUMMARY, CONCLUSION,

IMPLICATIONS AND RECOMMENDATIONS

This chapter deals with the summary of the study and conclusion drawn from the implications of the study for different areas like nursing practice, nursing education, nursing administration and nursing research, it also includes recommendations for future results in the field.

SUMMARY

The summary includes the, objectives of the study, description of procedure used, major findings and conclusion and recommendations for further research study.

“A pre experimental study to assess the effectiveness of video teaching programme on early detection of breast cancer among women with menstrual disorders in Annammal hospital at Kanyakumari District”.

The objectives of the study

- To assess the level of knowledge on early detection of breast cancer among women with menstrual disorders.
- To assess the effectiveness of video teaching program by comparing the pre and post test level of knowledge on early detection of breast cancer among women with menstrual disorders.
- To associate the posttest level of knowledge on early detection of breast cancer with selected demographic variables and clinical variables of women with menstrual disorders.

Hypotheses

H₁: There will be a significant difference in pre and posttest level of knowledge on early detection of breast cancer among women with menstrual disorders after video teaching program.

H₂: There will be a significant association between posttest level of knowledge on early detection of breast cancer among women with menstrual disorders with selected demographic and clinical variables.

The conceptual framework selected for this study was based on “**Modified General system theory by Ludwig Von Bertalanffy**” (1968). General Systems Theory explains that, a system is a set of interrelated elements. The interrelated elements in the abstract system are the human being and their environment. As a living system and energy field, the individual is capable of taking in energy and information from the environment. Because of this exchange, the individual is an open system, an underlying assumption and building block. All living systems are an open system, which means that they exchange energy, matter and information across these boundaries with the environment. For survival a system must achieve balance internally and externally. This helps to evaluate effectiveness of video teaching programme on knowledge regarding early detection of breast cancer.

In this study the researcher organized the **review of literature** into four sections they are

- Empirical literature related to Breast Cancer
- Empirical literature related to breast self-examination
- Empirical literature related to knowledge on breast self-examinations
- Empirical literature related teaching program on breast self-examination

In the **methodology** the investigator selected one group pretest posttest design with 100 samples were selected for the study from Annammal hospital by convenient sampling technique to evaluate the Knowledge. The variable used in this study was as follows.

Dependent variable was women with menstrual disorder.

Independent variable was the video teaching programme about early detection of breast cancer.

Extraneous variable includes age, education, occupation, religion and place of living.

Study was conducted in Annammal hospital with 100 samples. The test retest method was adopted for the reliability for knowledge $r=1$ which showed positive correlation. The score indicates a high correlation and the tool were considered as highly reliable. Convenient sampling technique was used.

The tool consisted of structured knowledge questionnaire. Structured knowledge questionnaire consisted of 30 questions was used to evaluate the level of knowledge, of women regarding early detection of breast cancer.

The tool was given to women to obtain necessary data. Video teaching programme was given on same day and post test was conducted using same questionnaire. Data collected were analyzed using both descriptive and inferential statistics such as mean, standard deviation, and paired t test.

MAJOR FINDINGS OF THE STUDY

Major findings of the study are presented under the following:

DATA PERTAINING TO SOCIO DEMOGRAPHIC VARIABLES OF WOMEN WITH MENSTRUAL DISORDERS

It represents the frequency and percentage distribution of women with socio demographic variables such as Age, Educational status, Occupation, Religion and Place of living.

With regard to age, majority of 48 (48%) women were in the age group of 23-32 years, 40 (40%) were in the age group of 33-42 years and the remaining 12(12%) were in the age group of 13-22 years.

With regard to educational Status, majority 27 (27%) women were graduates, 22 (22%) undergone middle school education, 18 (18%) were professionals, 13 (13%) completed intermediate or post graduate education, 12 (12%) completed high school education and remaining 8 (8%) completed primary school education.

With regard to occupation, 24 (24%) women were skilled workers, 22 (22%) were unskilled workers, 15 (15%) were semiskilled workers, 11 (11%) of them were

unemployed, 8 (8%) were shop owners, 7 (7%) were semi-professional and remaining 6 (6%) were professionals.

With regard to religion, the majority 52 (52%) women were Christians, 44 (44%) were Hindus, and remaining 4 (4%) samples were Muslims.

With regard to place of living, 58 (58%) of them were residing in rural area, and remaining 42 (42%) of them were residing in urban area.

Findings related to the level of knowledge on early detection of breast cancer among women with menstrual disorders

The data on frequency and percentage distribution of pre and post-test level of knowledge of the women regarding early detection of breast cancer. In the pre-test 58 (58%) women had inadequate knowledge, 30 (30%) of them had moderately adequate knowledge and 12 (12%) of them had adequate knowledge. In the post-test, knowledge level increased. 80 (80%) of them had adequate knowledge, 12 (12%) of them had moderately adequate knowledge and 8 (8%) of them had inadequate knowledge. The chi square value was 95.854 and the p value was 0.00 which was highly significant at the level of $p < 0.001$. This indicates that there is a significant difference between the pre-test and post-test level of knowledge regarding early detection of breast cancer.

Findings related to the effectiveness of video teaching programme by comparing the pre and posttest level of knowledge on early detection of breast cancer among women with menstrual disorders.

The data reveals the differences in pre and post-test level of knowledge on early detection of breast cancer among women with menstrual disorders after video teaching program. The pre-test mean value was 10.5, post-test mean was 16.5 and the differences between the pre-test and posttest mean value was 6. This indicates that the level of knowledge had increased after video teaching programme. The paired t test value was 2.264 and the P value was 0.0001 which was highly significant at the level of

$p < 0.0001$. It shows that there was a difference between pre-test and post-test level of knowledge. Hence H_1 was accepted.

Findings related to the posttest level of knowledge on early detection of breast cancer among women with socio demographic and clinical variable.

The data pertaining to association between the level of knowledge and the socio demographic variables, this shows that there was a significant association between post-test level of knowledge and socio-demographic variables such as Age (0.03*), Religion (0.02*) and Place of living (0.000058***). There was no significant association between post-test level of knowledge and other socio-demographic variables such as Educational status (0.23) and Occupation (0.25). Hence H_2 was partially accepted.

The data pertaining to association between the level of knowledge and the clinical variables, that there was a significant association between post-test level of knowledge and clinical variables such as Type of menstrual disorder (0.0005***), Usage of medication (0.017*), Previous exposure to knowledge (0***), and Co-morbid condition (0.009**). There was no significant association between post-test level of knowledge and other clinical variables such as Duration of menstrual disorder (0.25), and Family history of cancer (0.77) Hence the H_2 was partially accepted.

CONCLUSION

The following conclusion were drawn from the findings of the study

In the pre-test 58 (58%) women had inadequate knowledge, 30 (30%) of them had moderately adequate knowledge and 12 (12%) of them had adequate knowledge. In the post-test, knowledge level increased. 80 (80%) of them had adequate knowledge, 12 (12%) of them had moderately adequate knowledge and 8 (8%) of them had inadequate knowledge. The chi square value was 95.854 and the p value was 0.00 which was highly significant at the level of $p < 0.001$. This indicates that there is a significant difference between the pre-test and post-test level of knowledge regarding early detection of breast cancer. The study concluded that the teaching programme will help for early detection of breast cancer.

IMPLICATIONS OF THE STUDY

The findings of the study reveals the effectiveness of video teaching programme can be implemented in nursing practice, nursing education, nursing research and nursing administration.

IMPLICATIONS TO NURSING PRACTICE

- All the health care workers are able to make significant contributions to promote knowledge, among **women** regarding **early detection of breast cancer**
- The health team members reveal the importance of formulating and implementing video teaching programme regarding **early detection of breast cancer**
- Nurses are the back bone of the health care set up of any country.
- The expanded role of professional nurse emphasizes the activities, which includes promotive, preventive, curative and rehabilitative aspects.
- Nurses play an important role in disease prevention and health promotion.
- Health information and knowledge on **early detection of breast cancer** can be imparted methods like mass media, lecture and structured teaching programme.

IMPLICATION IN NURSING EDUCATION

- One of the leading functions of education is imparting education with newer knowledge.
- Nurse educators can make use of this video teaching programme, to orient the new recruits.
- The study finding reveals that video teaching program was beneficial in improving knowledge mainly for newer practices.

NURSING ADMINISTRATION

- Hospital is an organization which provides a higher level of care especially nurses and the nursing students.

NURSING RESEARCH

- Various methods can be invented by the nurse researchers.
- Disseminate the findings through conference, workshop.

RECOMMENDATIONS

- The study can be replicated on a larger sample.
- A true experimental study can be done using random sampling technique.